

Culprit lesion and ECG in the context of acute myocardial infarction

Giuseppe Oreto





I



II



III



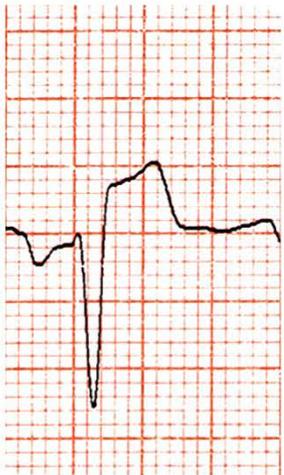
aVR



aVL



aVF



V1



V2



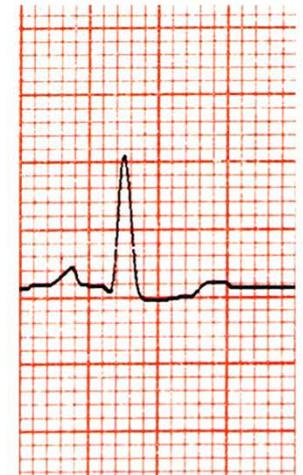
V3



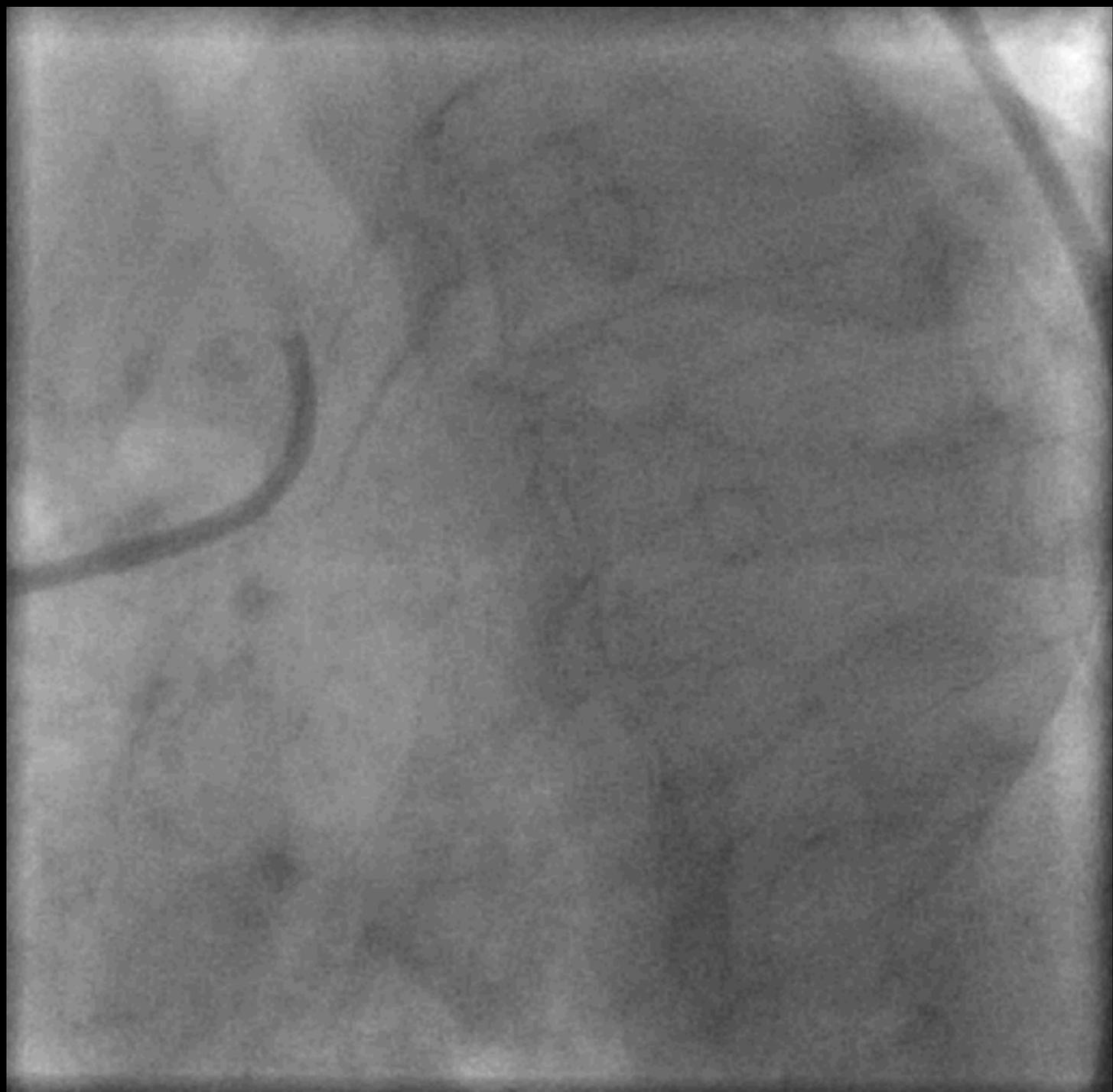
V4

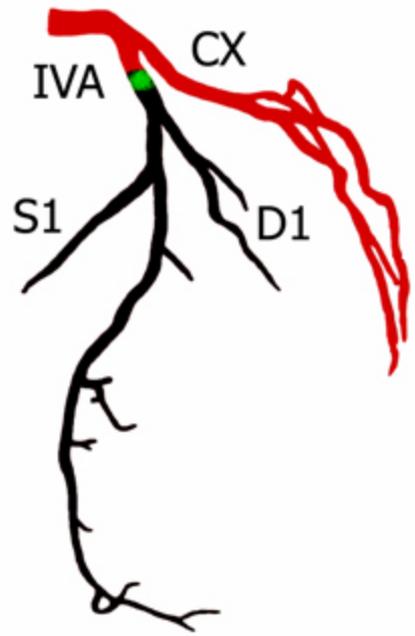


V5

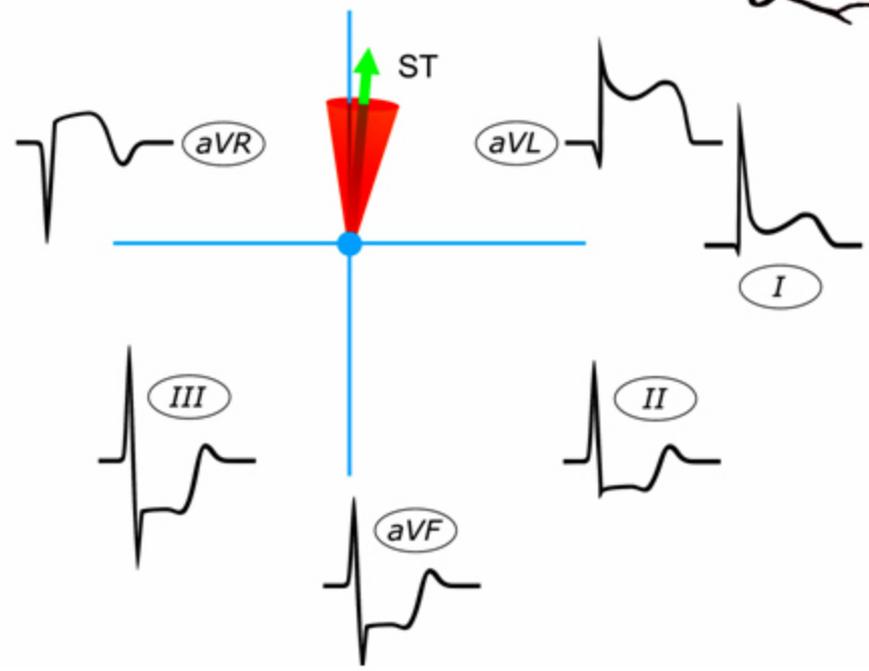


V6

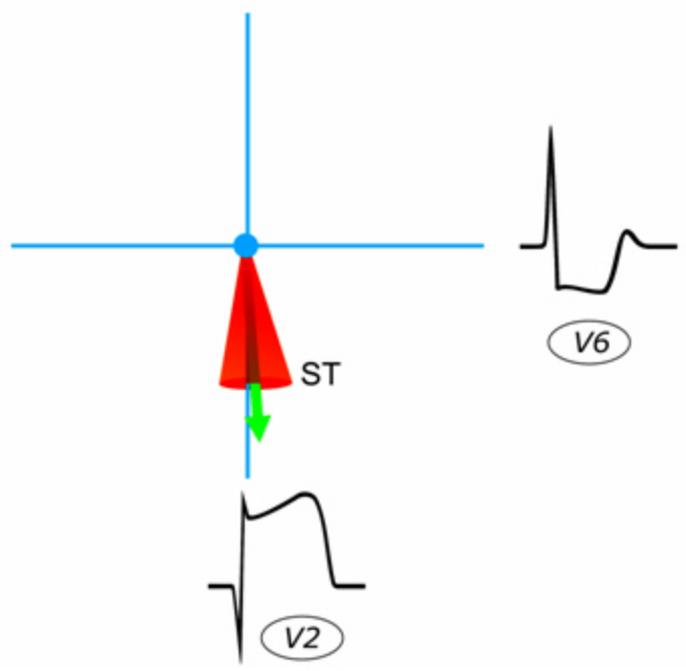




Piano Frontale



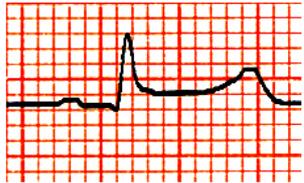
Piano Orizzontale



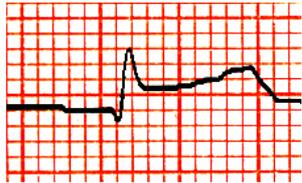
OCCLUSIONE PROSSIMALE DELL'IVA

(Prima del diagonale e del settale)

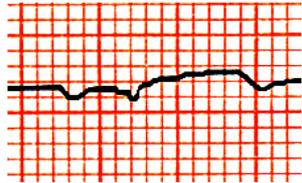
- Sopraslivellamento di ST in V1-V3 ($V3 > V1$), ma spesso in V1 $ST > 2,5$ mm)
- Vettore ST diretto in alto
- Sottoslivellamento di $ST \geq 1$ mm nelle derivazioni inferiori
- Sopraslivellamento di ST in aVR e aVL
- Sottoslivellamento di ST in V5-V6



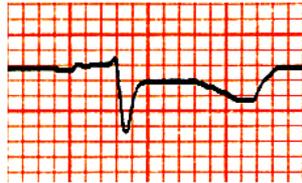
I



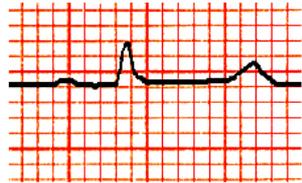
II



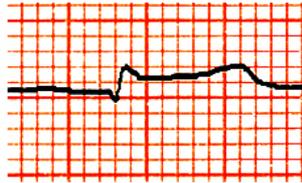
III



aVR



aVL



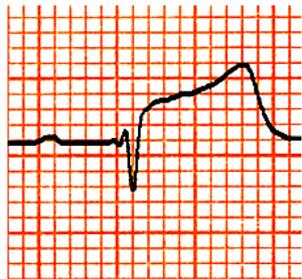
aVF



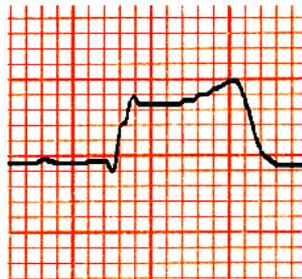
V1



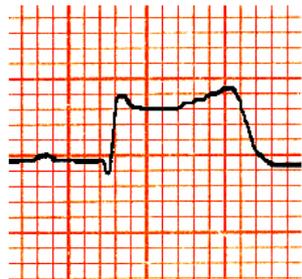
V2



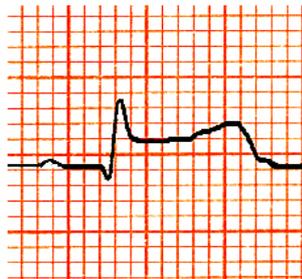
V3



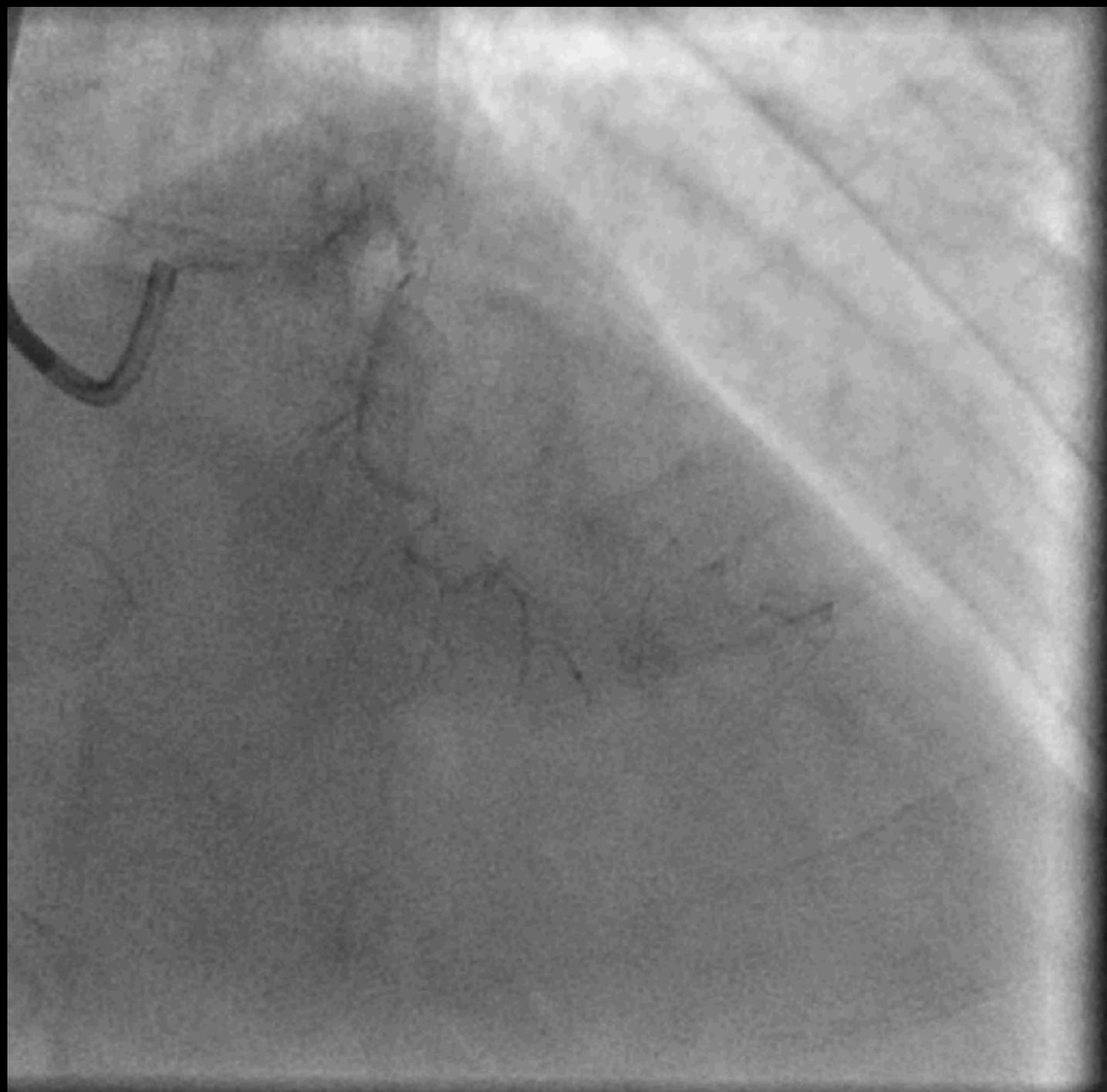
V4

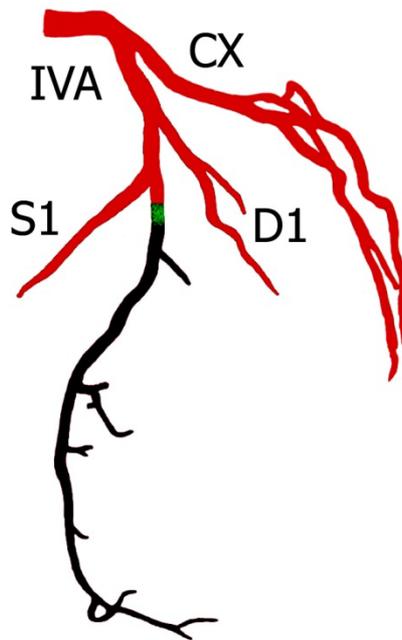


V5

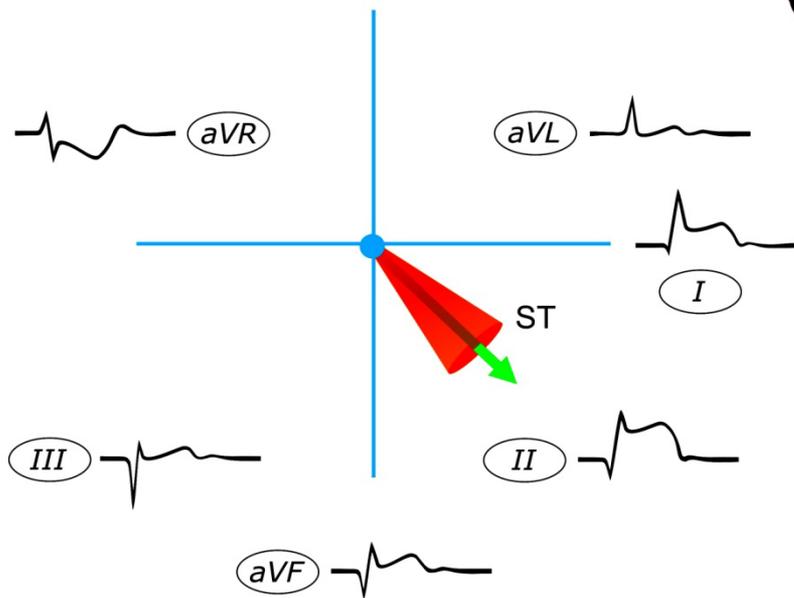


V6

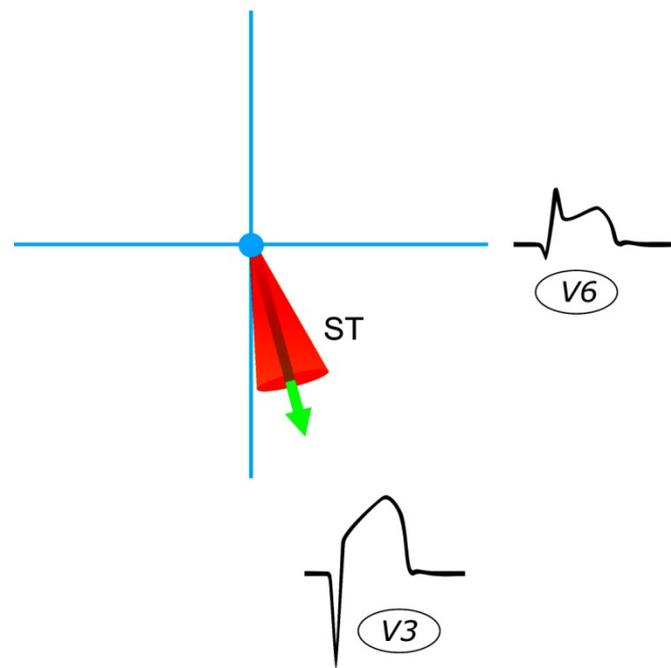




Piano Frontale



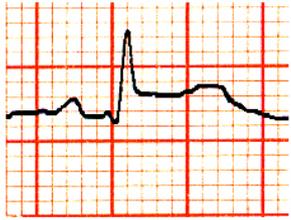
Piano Orizzontale



OCCLUSIONE DISTALE DELL'IVA

(Dopo il diagonale e il settale)

- Sopraslivellamento di ST in V1-V3 ($V3 > V1$)
- Vettore ST diretto in basso e a sinistra oppure assenza di vettore ST sul piano frontale
- Sopraslivellamento di ST in I, II e aVF, **oppure assenza di slivellamento di ST nelle derivazioni periferiche**
- Sottoslivellamento di ST in aVR
- Onde q in V5-V6



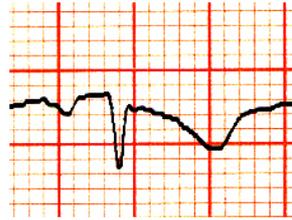
I



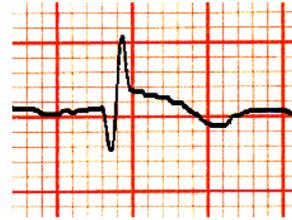
II



III



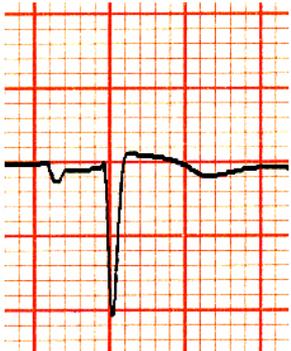
aVR



aVL



aVF



V1



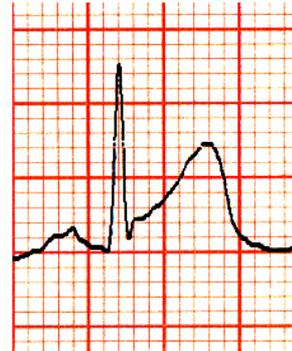
V2



V3



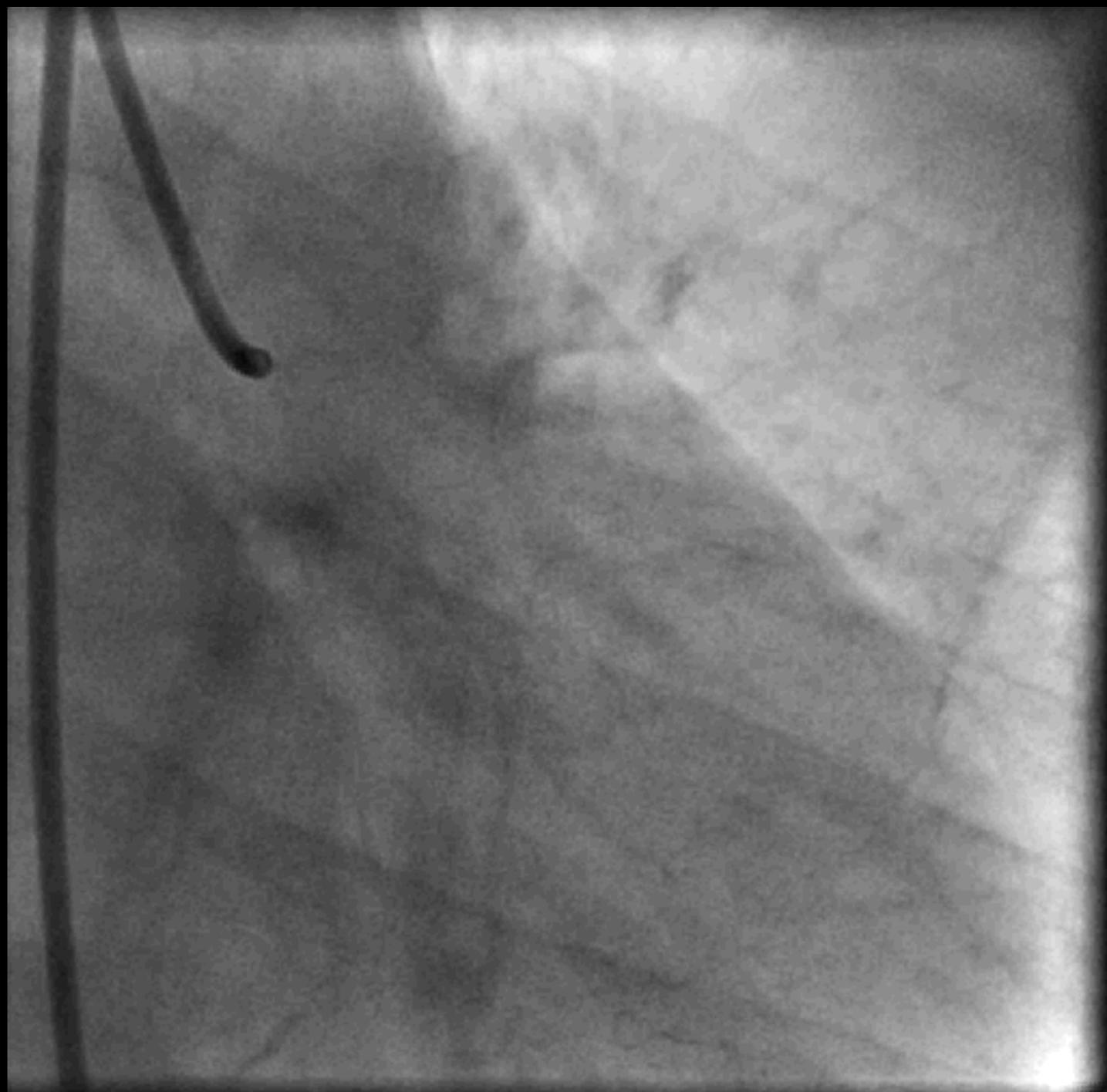
V4

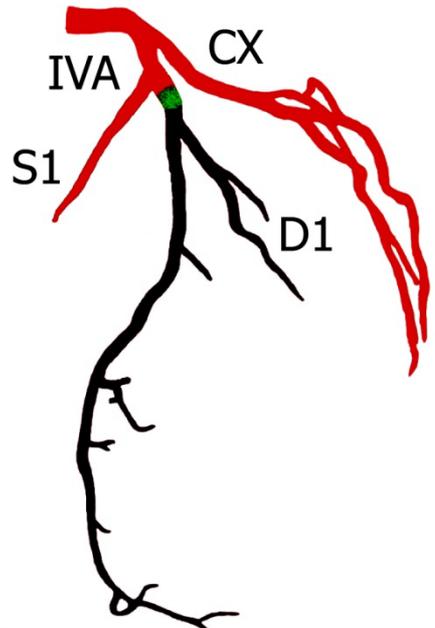


V5

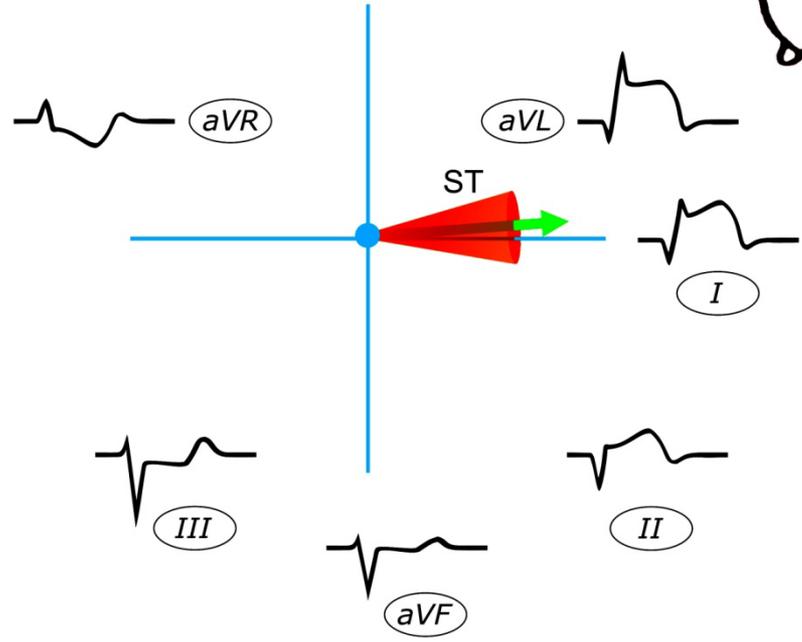


V6

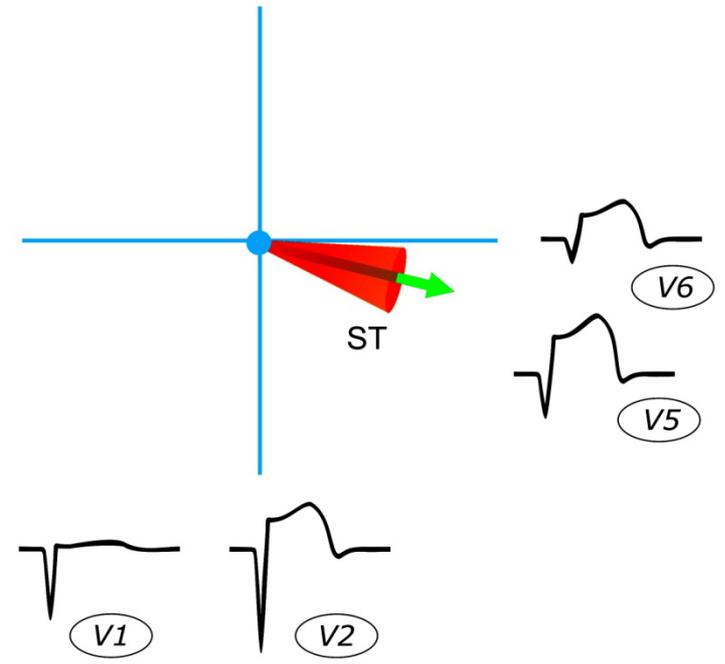




Piano Frontale



Piano Orizzontale



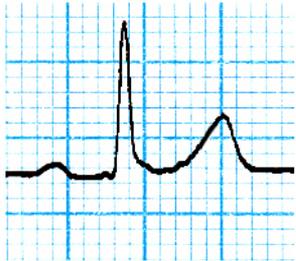
OCCLUSIONE DELL'IVA

dopo il settale e prima del diagonale

- Sopraslivellamento di ST in V1-V3 ($V3 > V1$)
- Vettore ST diretto a sinistra
- Sopraslivellamento di ST in I, aVL, V5, V6 , a volte in II; nelle stesse derivazioni si possono ritrovare onde q
- Le derivazioni periferiche suggeriscono un infarto laterale, come da occlusione della circonflessa



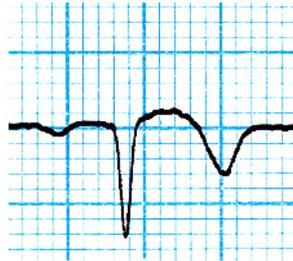
I



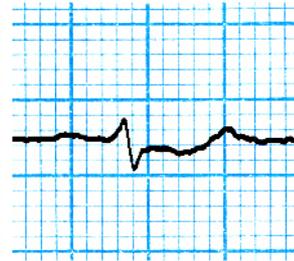
II



III



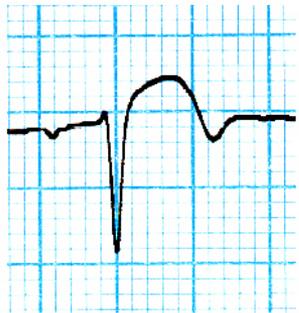
aVR



aVL



aVF



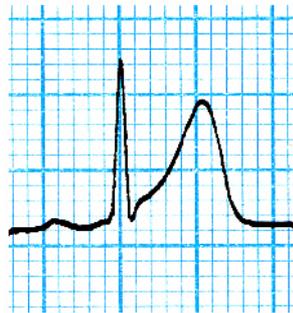
V1



V2



V3



V4

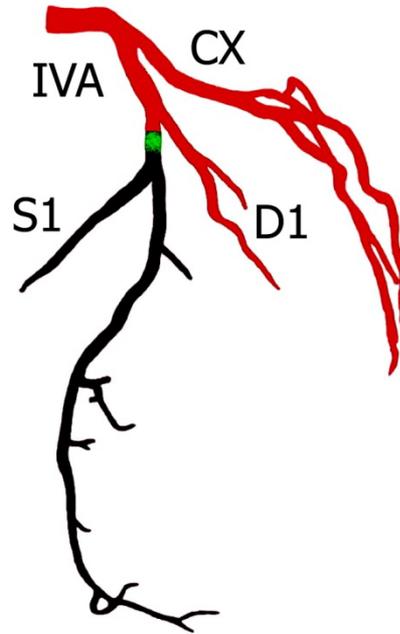


V5

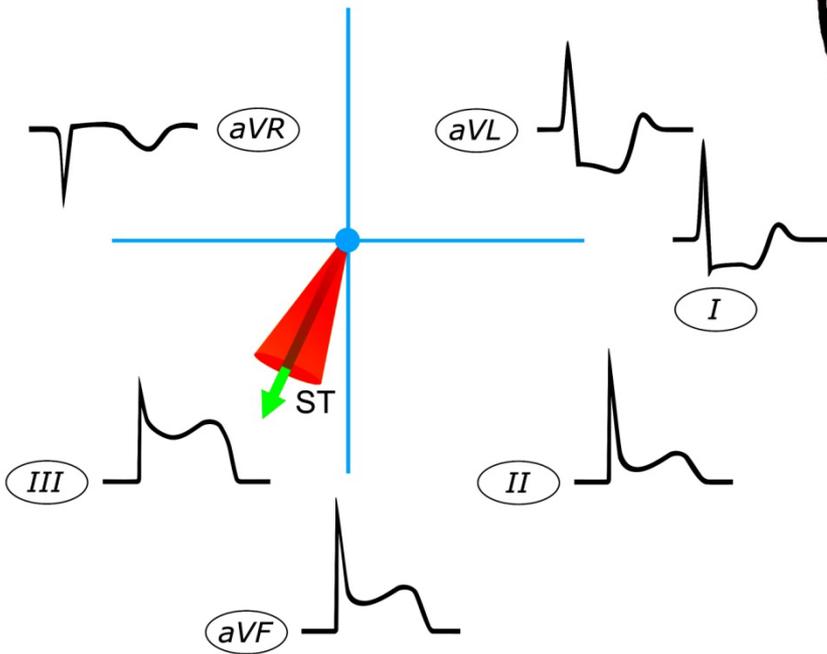


V6

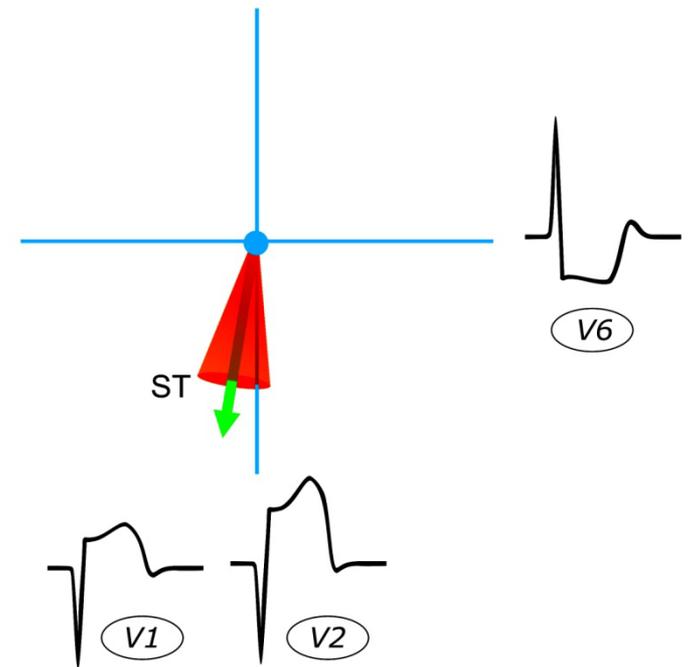




Piano Frontale



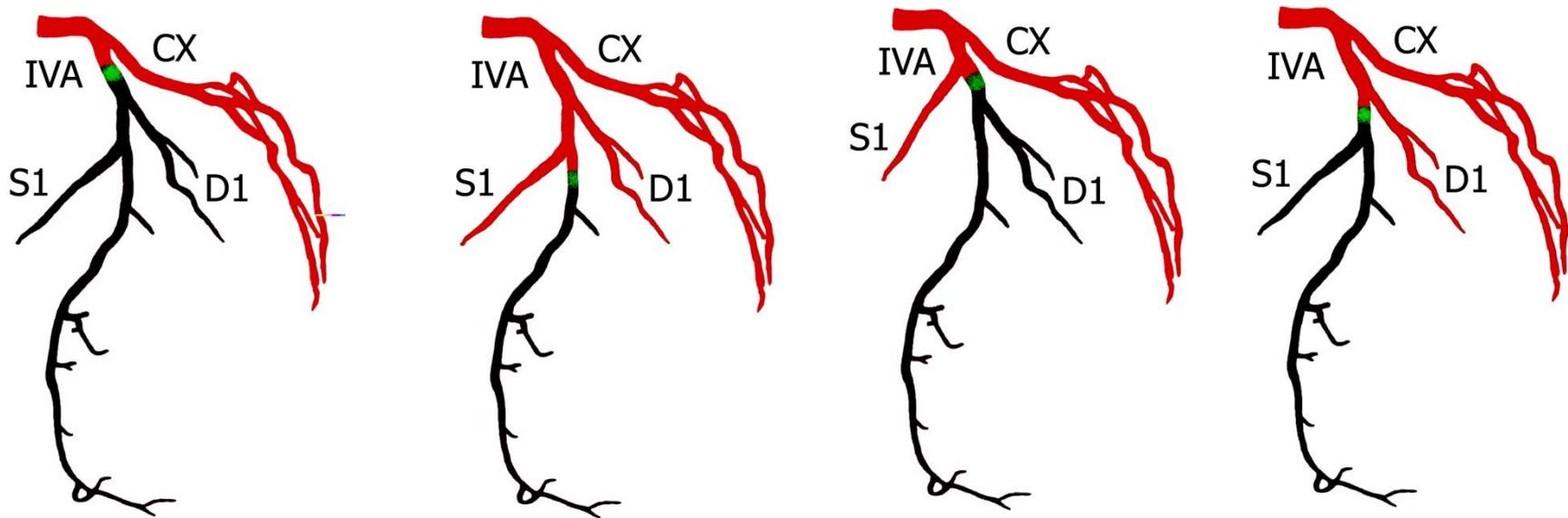
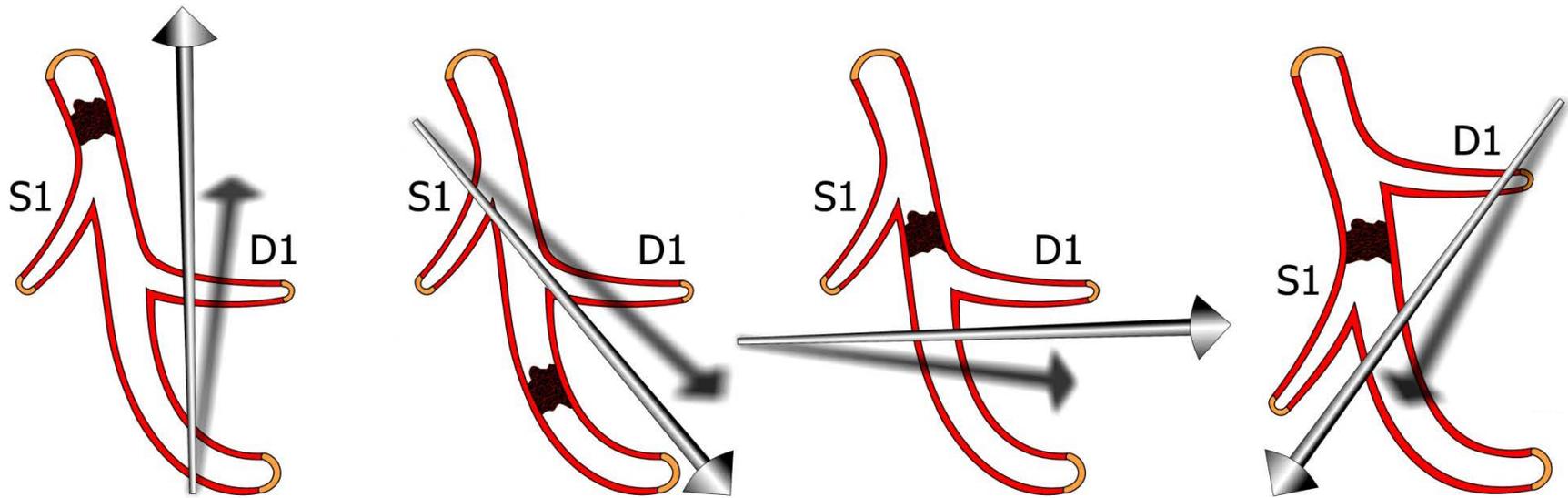
Piano Orizzontale

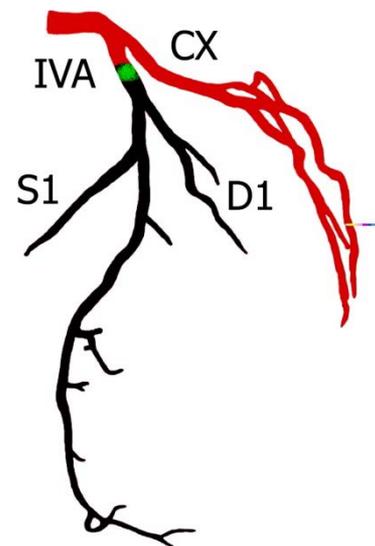
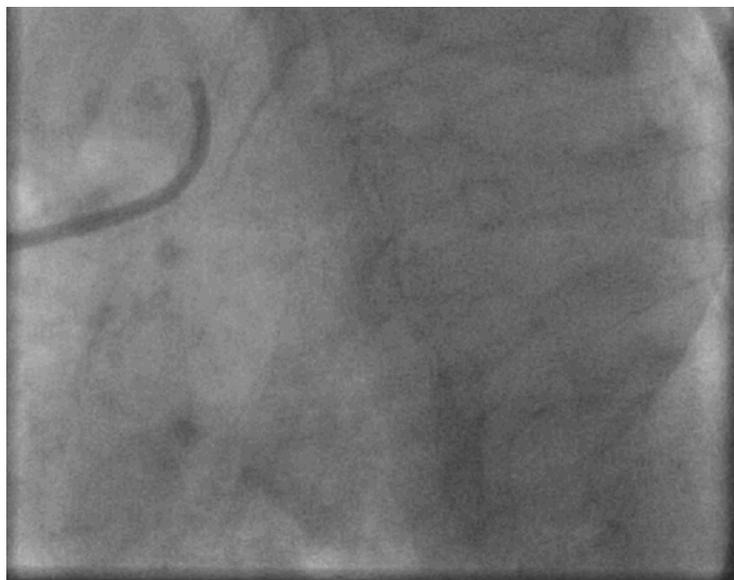
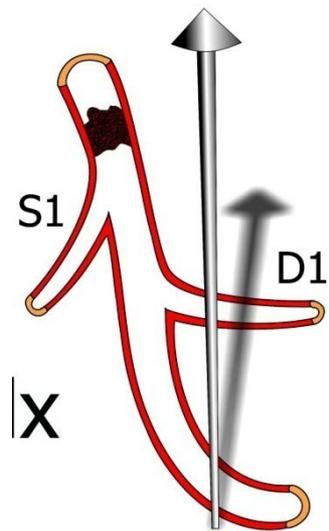
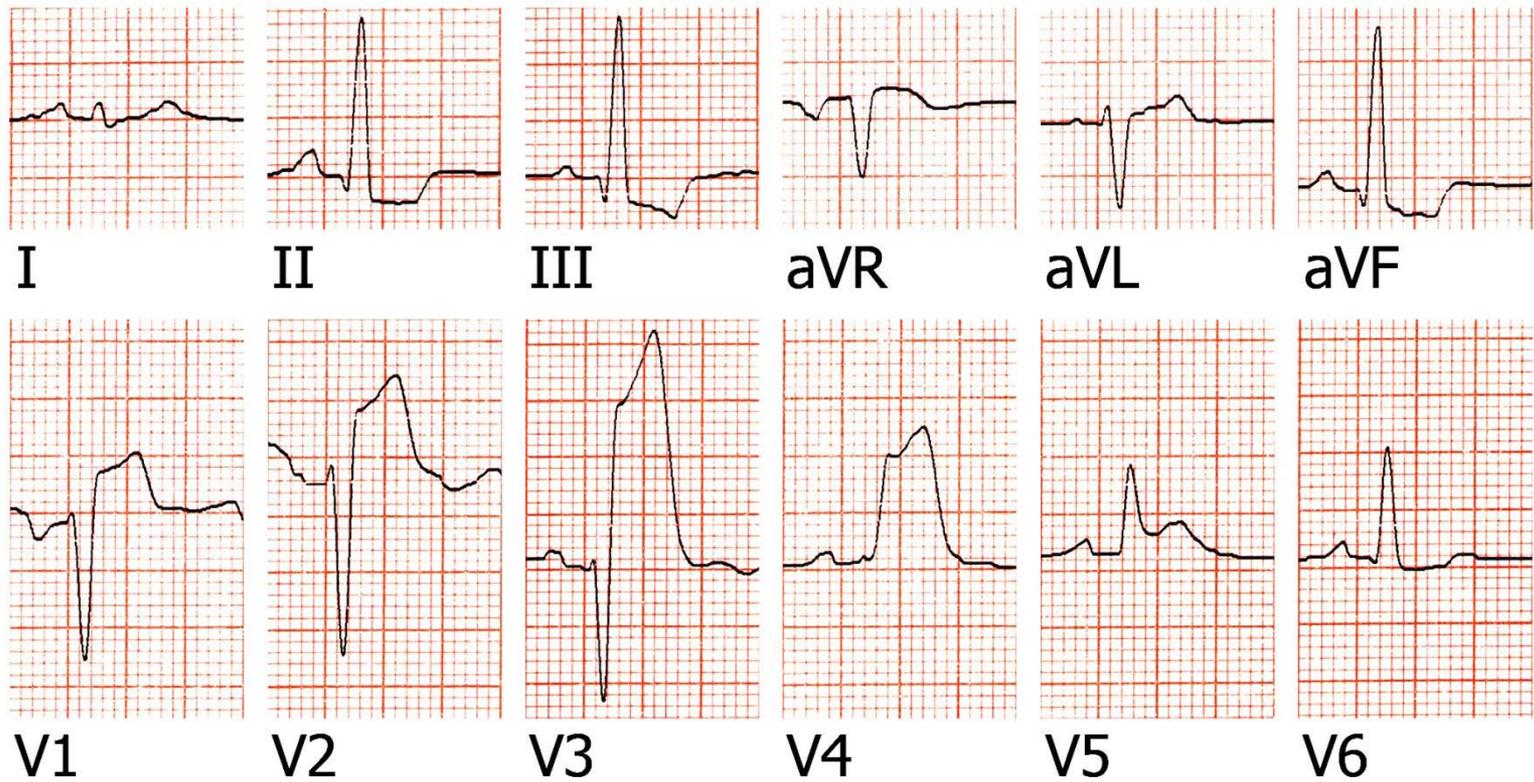


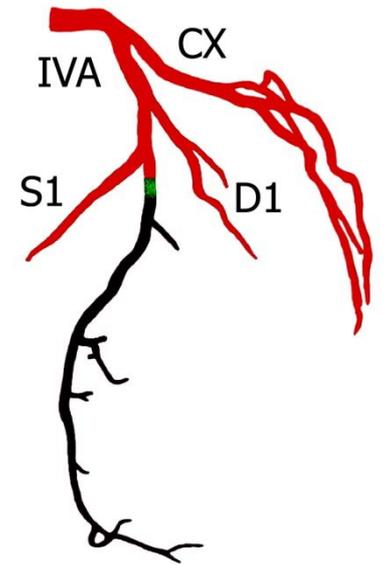
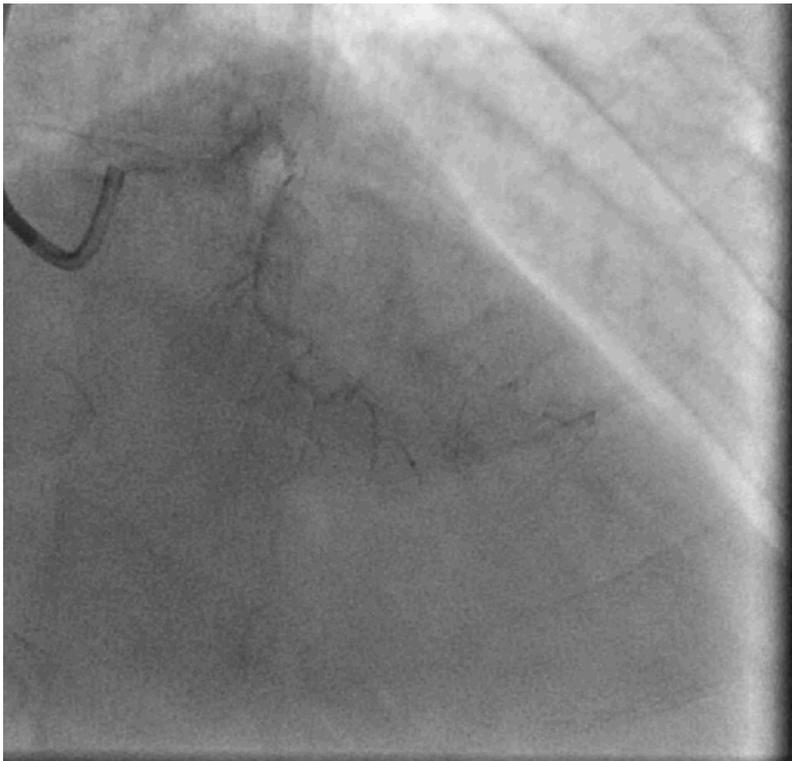
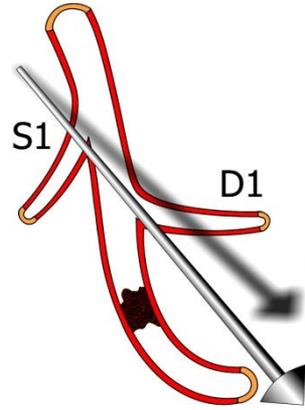
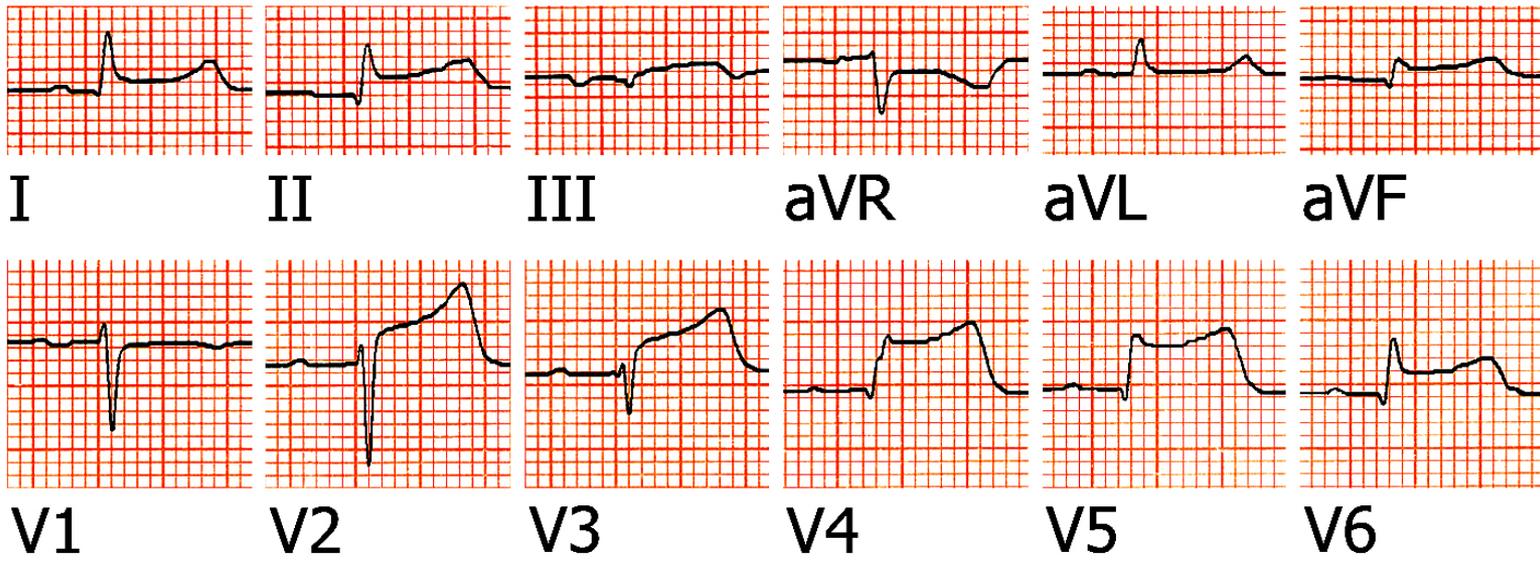
OCCLUSIONE DELL'IVA

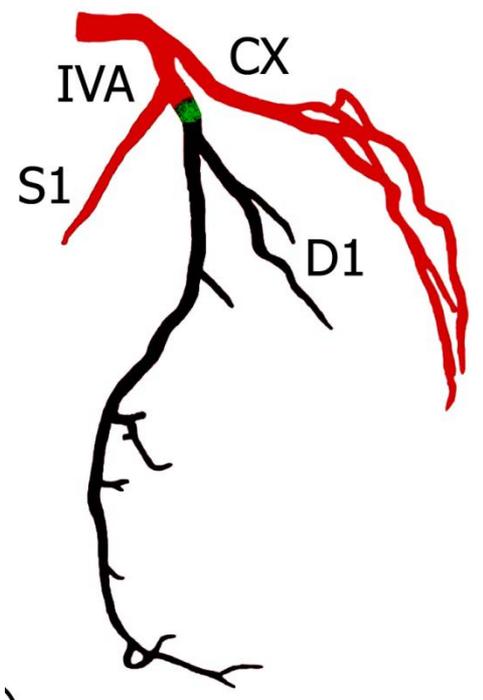
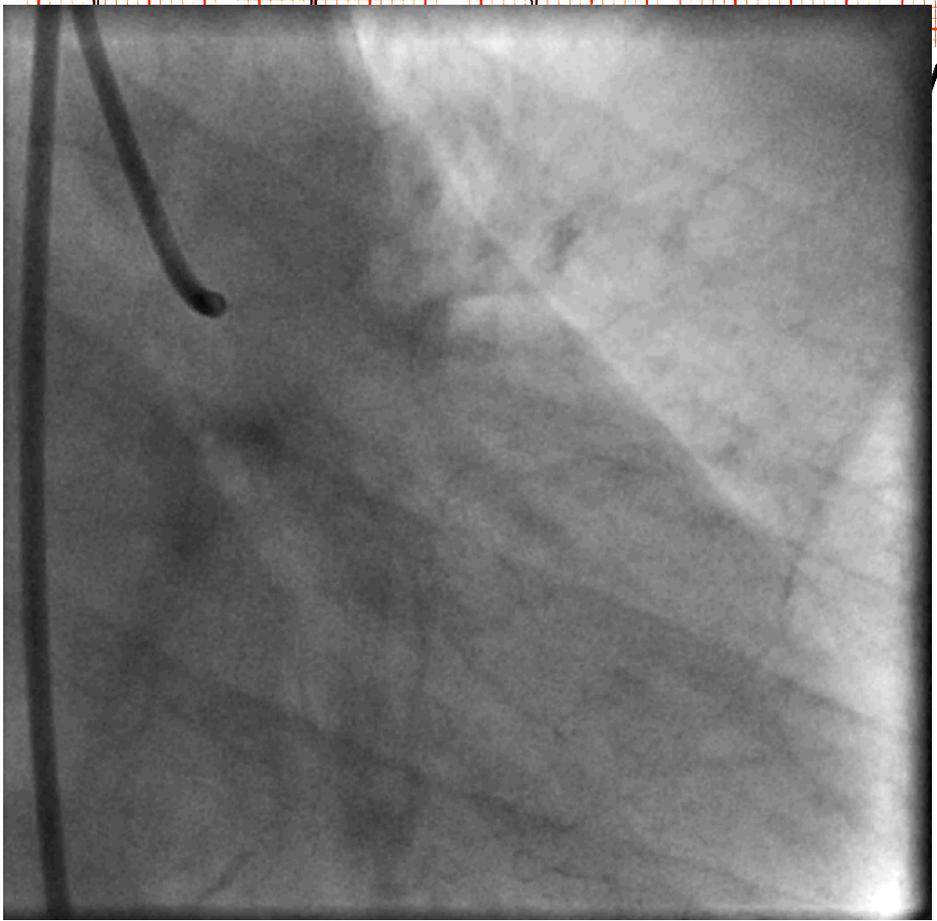
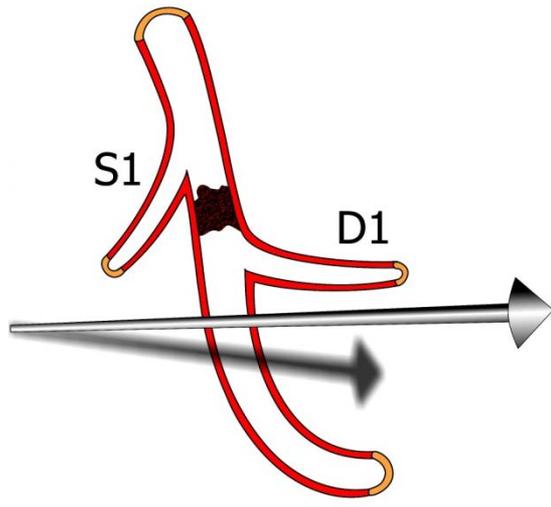
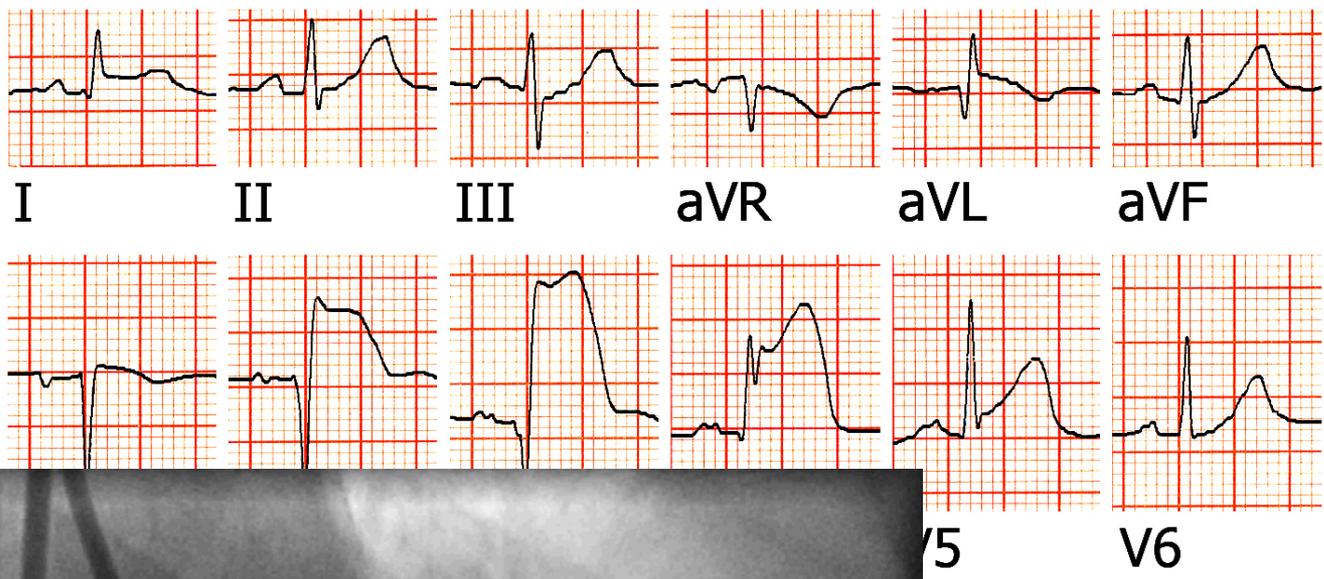
dopo il diagonale e prima del settale

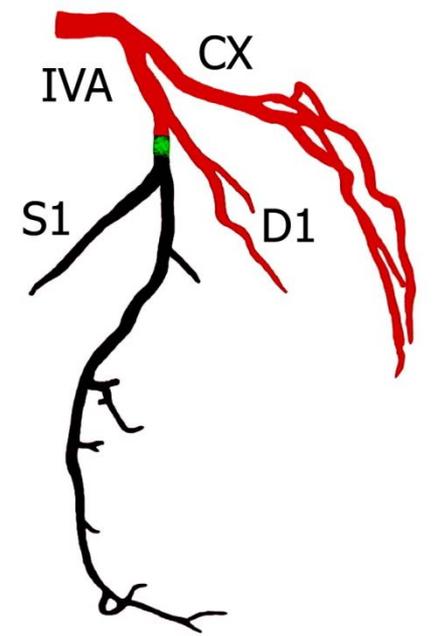
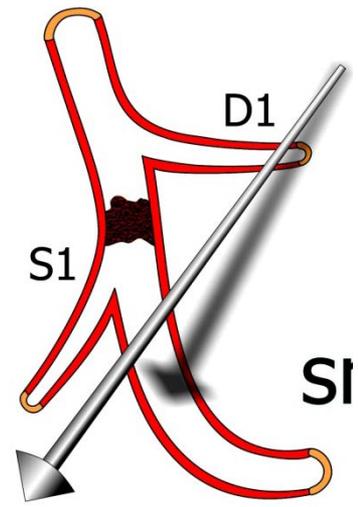
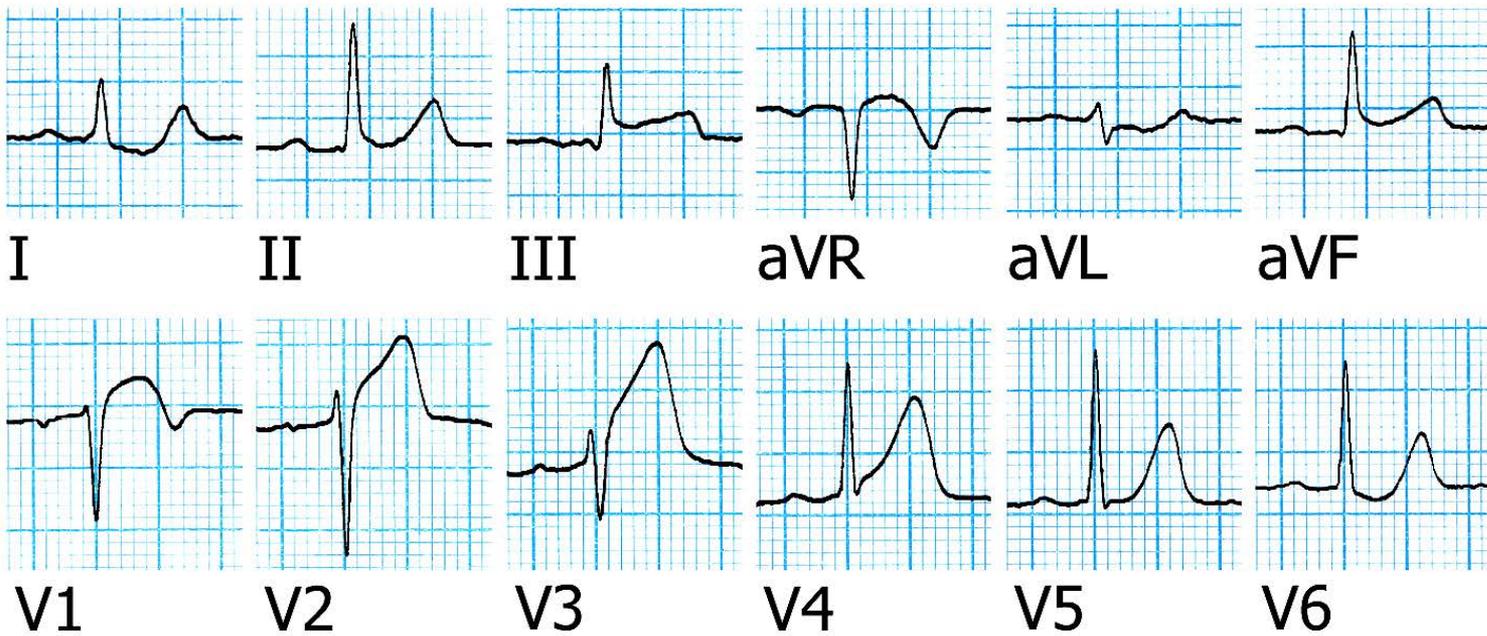
- Sopraslivellamento di ST in V1-V3 ($V3 > V1$)
- Vettore ST diretto in basso e a destra
- Sopraslivellamento di ST II, III, aVF
- Possibile sottoslivellamento di ST in aVL e I
- Le derivazioni periferiche suggeriscono un infarto inferiore



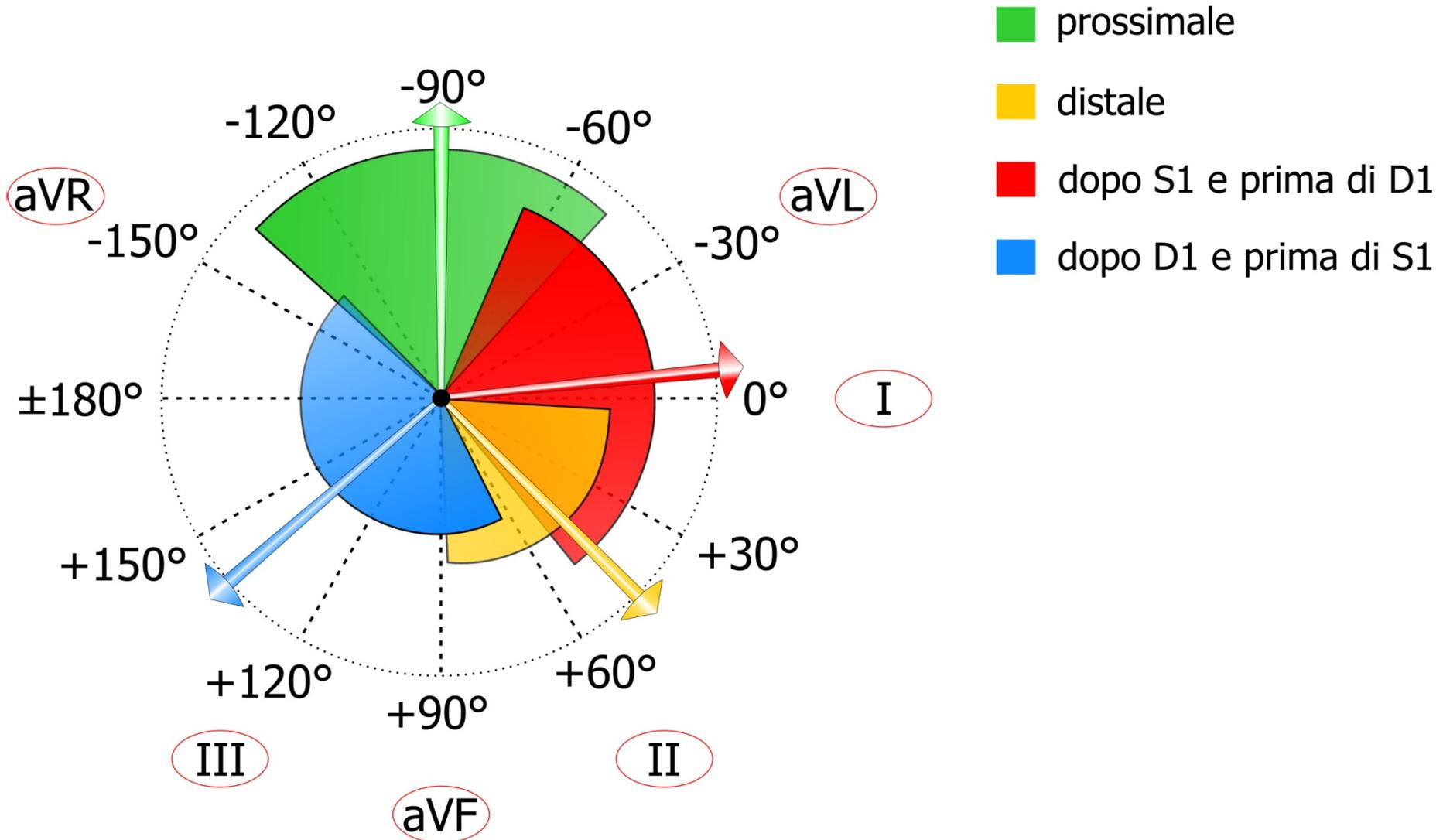


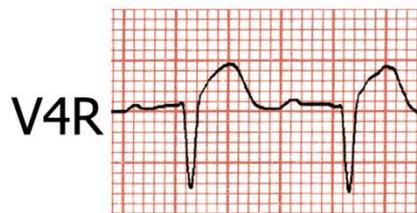
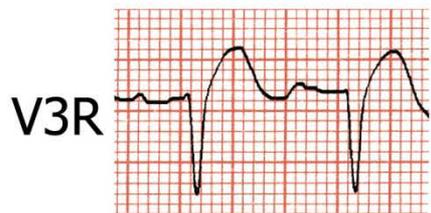
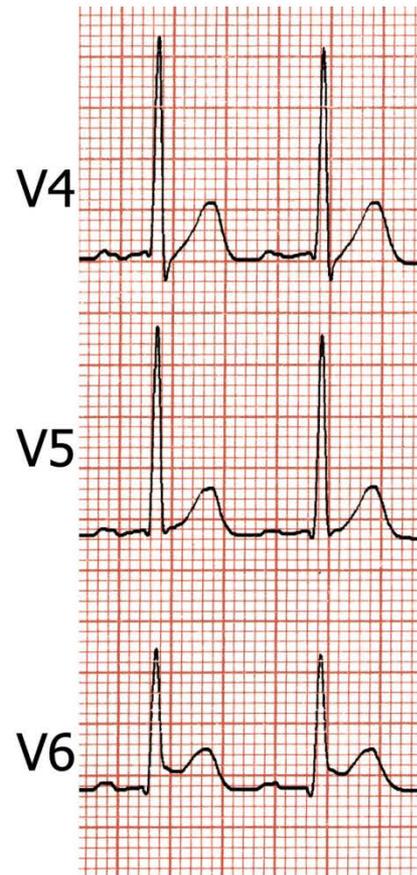
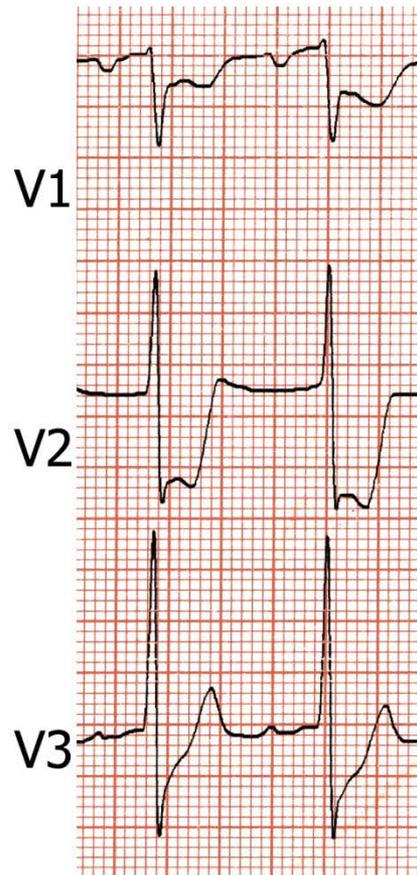
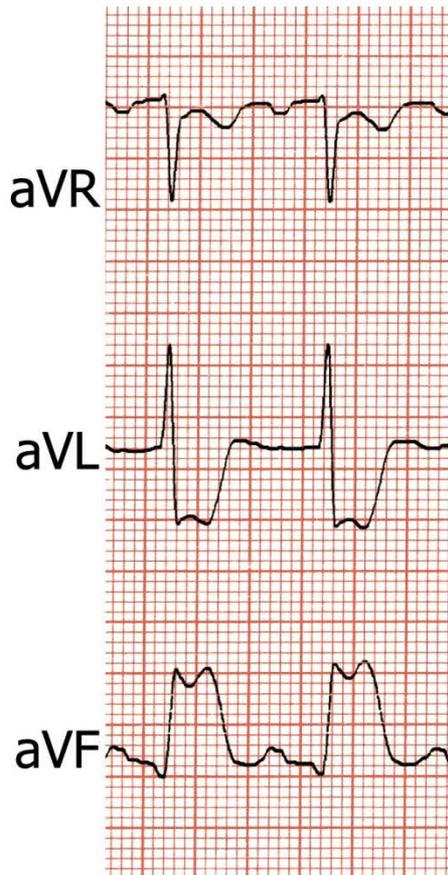
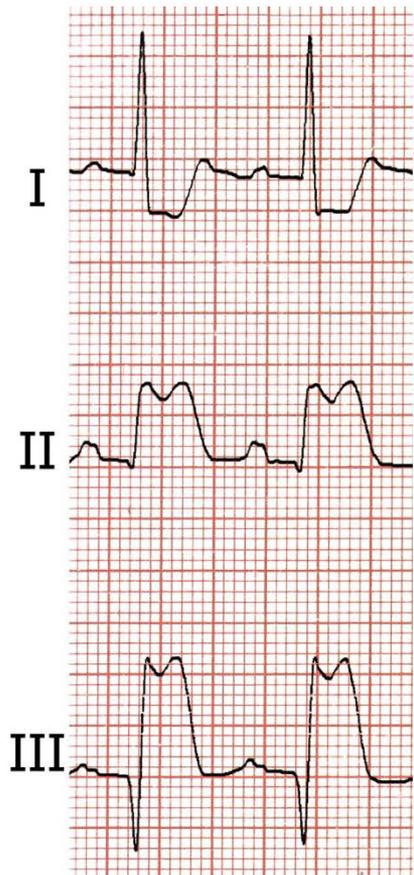


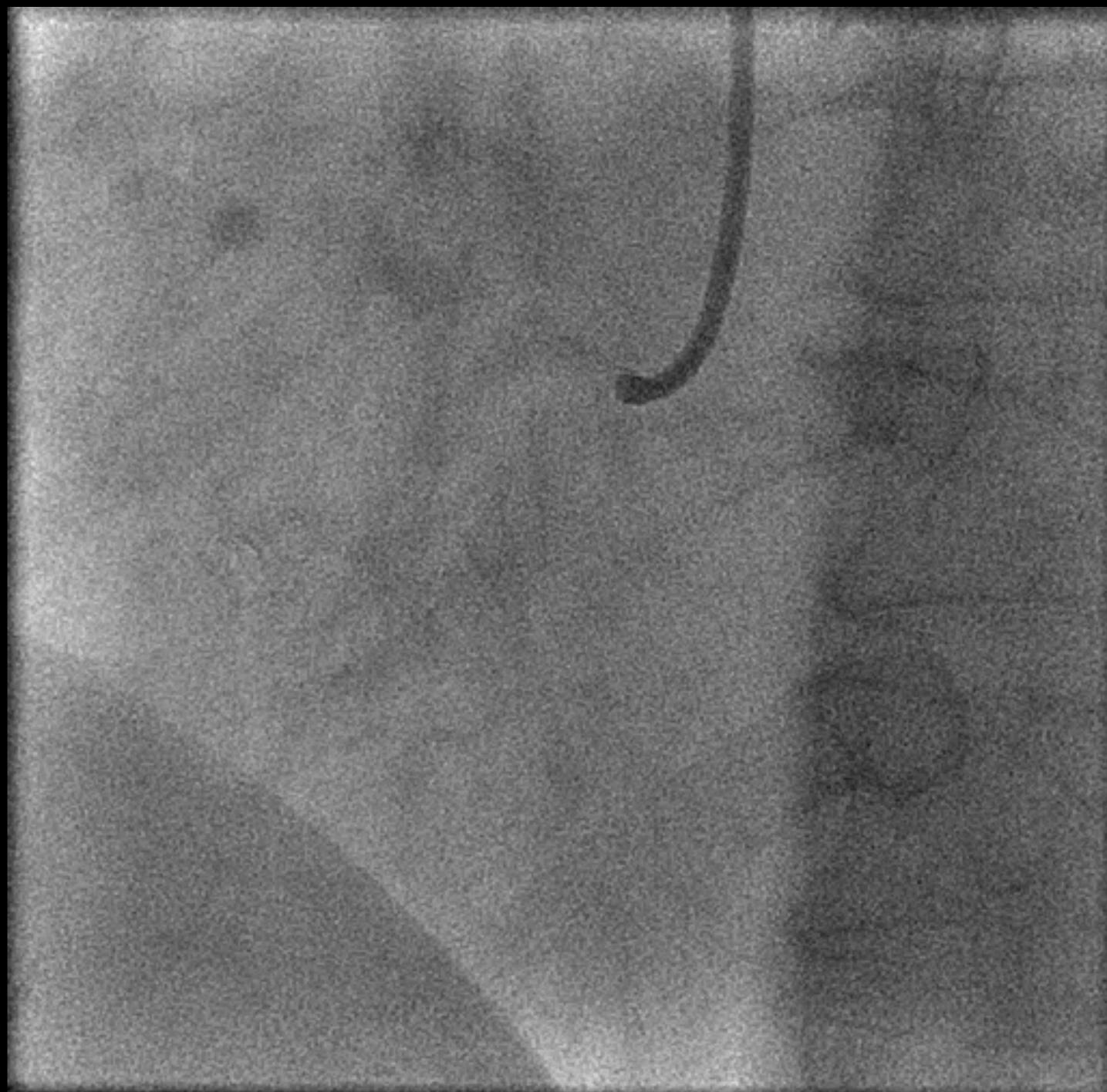




VEETTORE DI ST SUL PIANO FRONTALE E LIVELLO DI OCCLUSIONE DELL'IVA

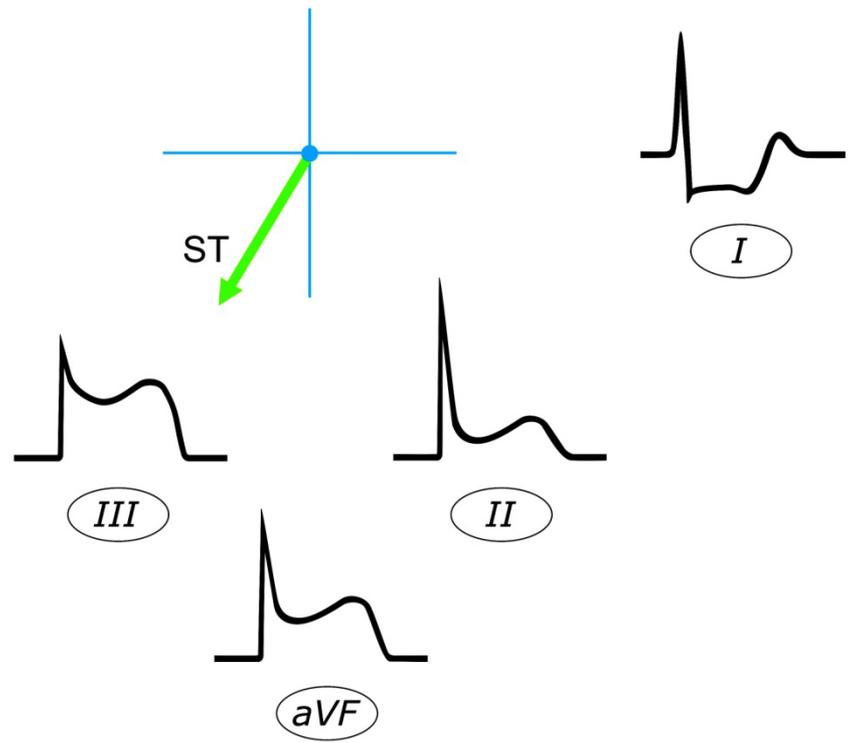






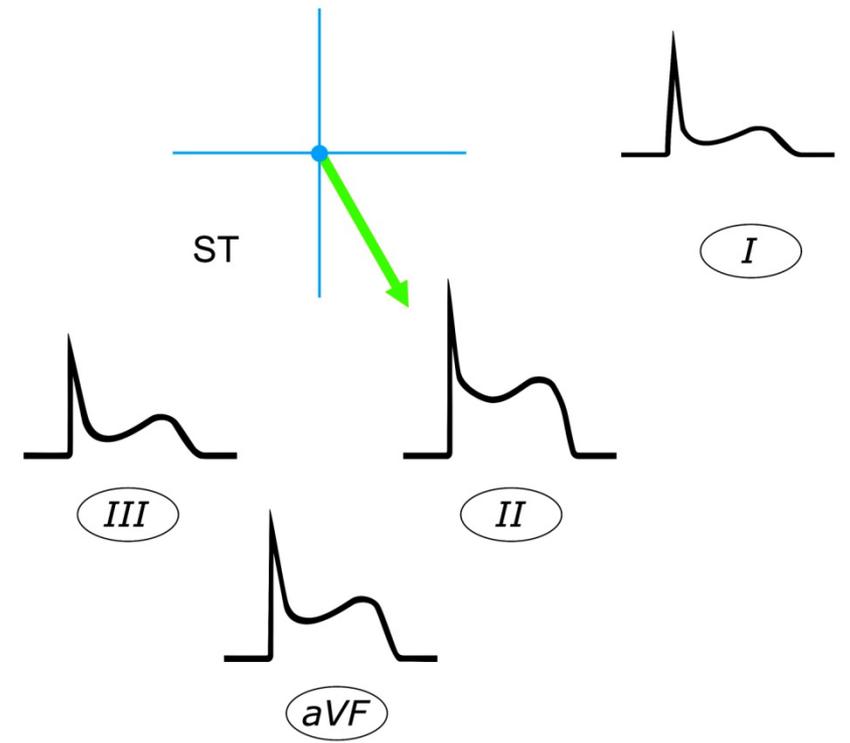
DIREZIONE DEL VETTORE ST SUL PIANO FRONTALE NELL'INFARTO INFERIORE

Piano Frontale



Coronaria destra

Piano Frontale



Circonflessa

INFARTO MIOCARDICO INFERIORE

	Coronaria destra	Circonflessa
Vettore ST	In basso e a destra	In basso e a sinistra
Sopraslivellamento di ST Massimo	III derivazione	II derivazione
Sottoslivellamento di ST in aVL	Presente	Assente
Infarto ventricolare destro	A volte presente	Assente

II



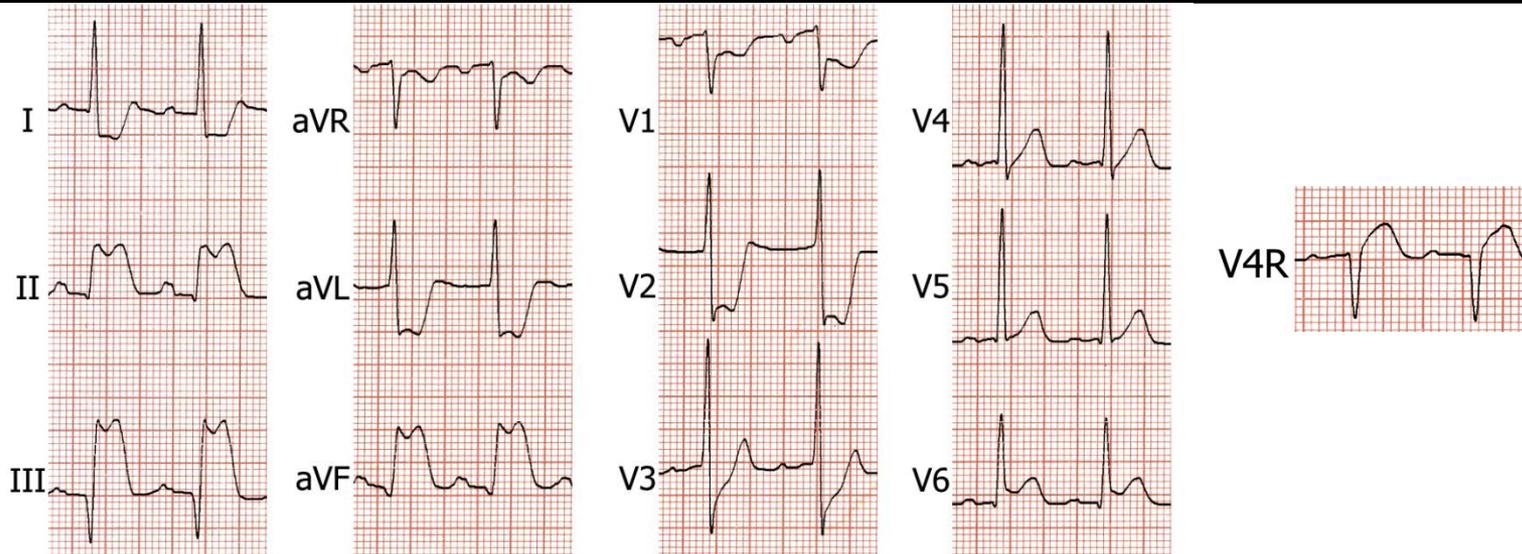
8 mm

III



11,5 mm

	Coronaria destra	Circonflessa
Vettore ST	In basso e a destra	In basso e a sinistra
Sopraslivellamento di ST Massimo	III derivazione	II derivazione
Sottoslivellamento di ST in aVL	Presente	Assente
Infarto ventricolare destro	A volte presente	Assente

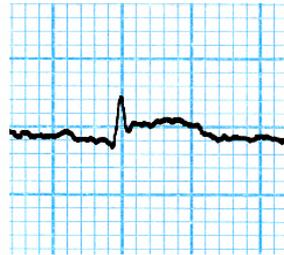




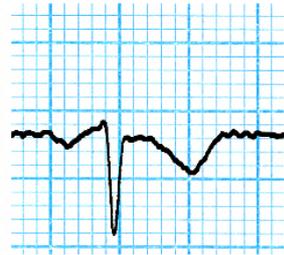
I



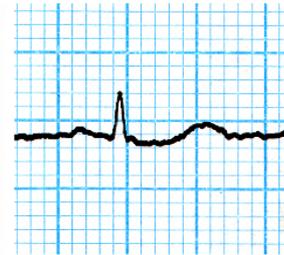
II



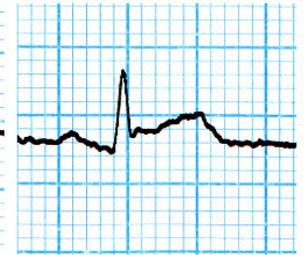
III



aVR



aVL



aVF



V1



V2



V3



V4



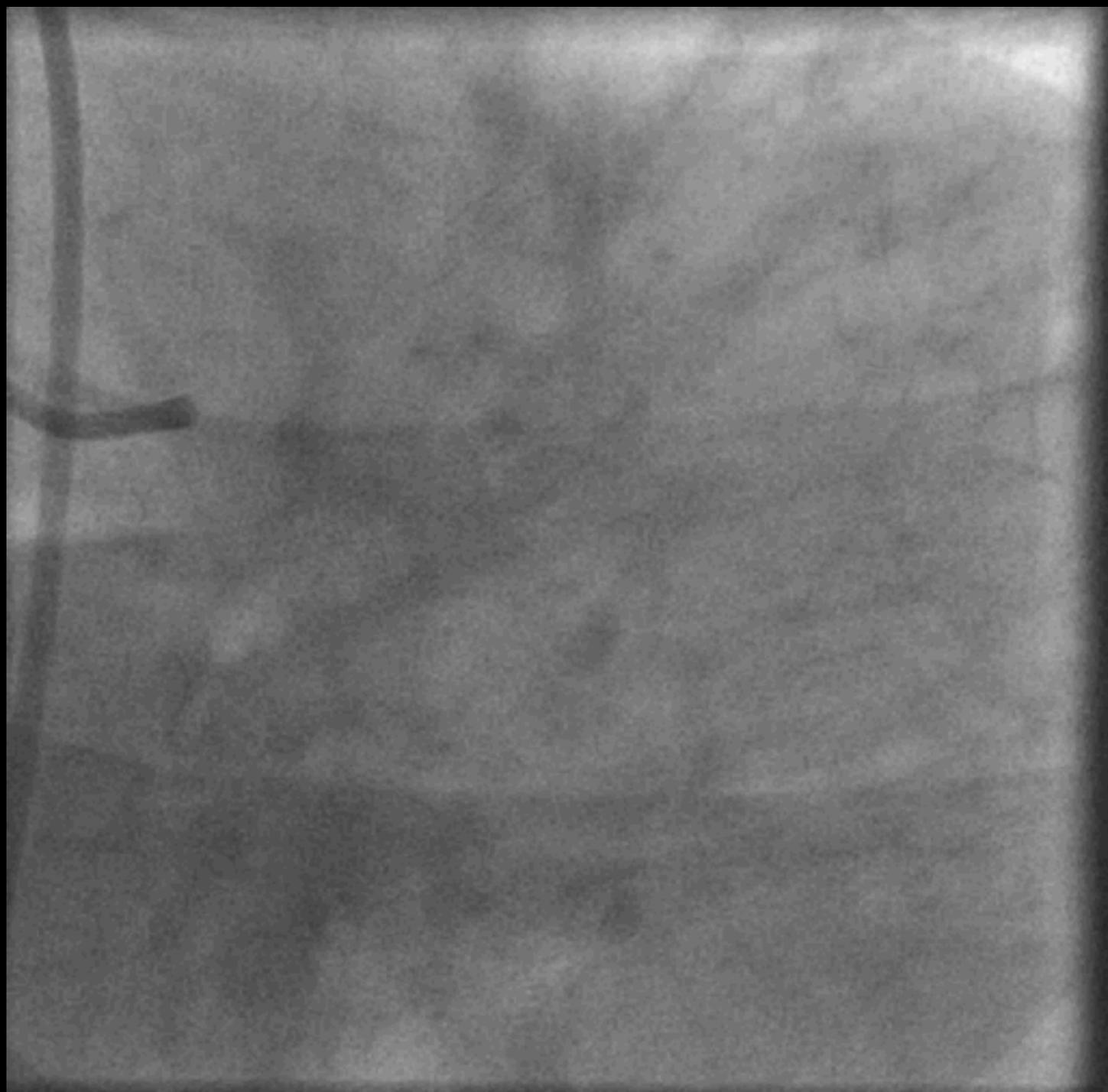
V5



V6

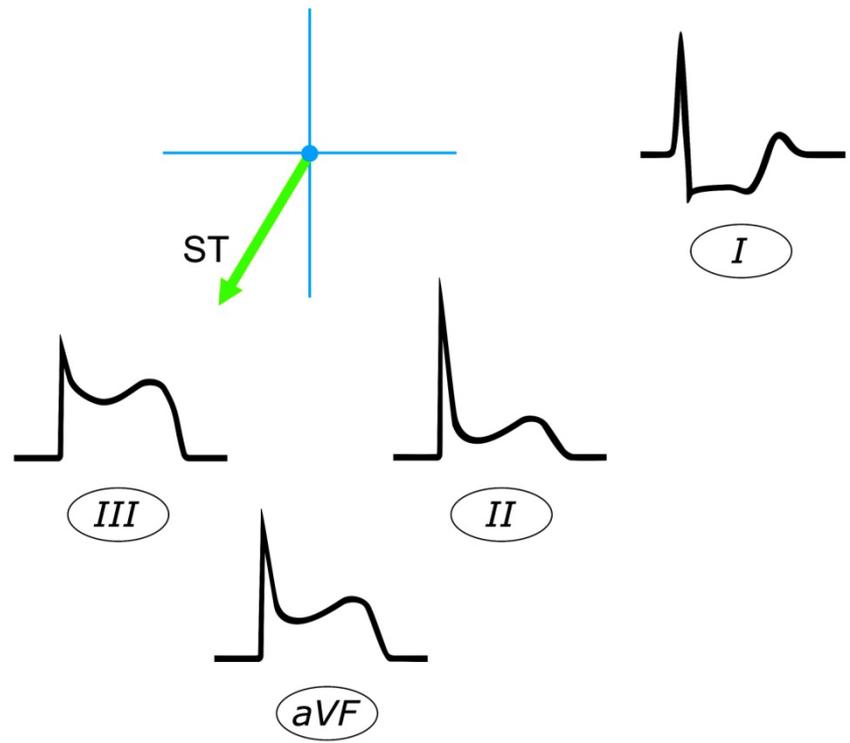


V4R



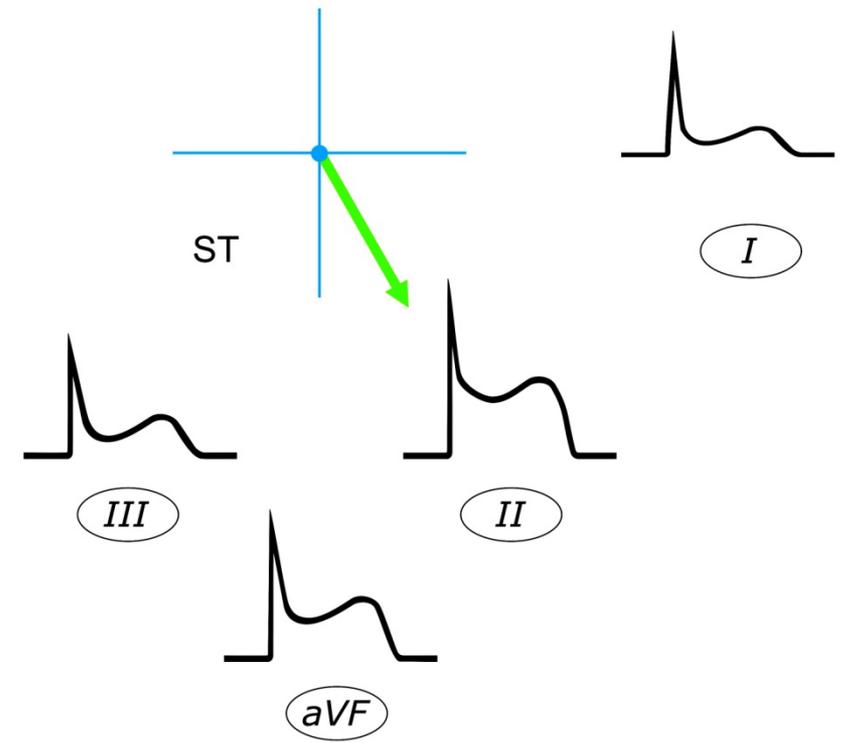
DIREZIONE DEL VETTORE ST SUL PIANO FRONTALE NELL'INFARTO INFERIORE

Piano Frontale



Coronaria destra

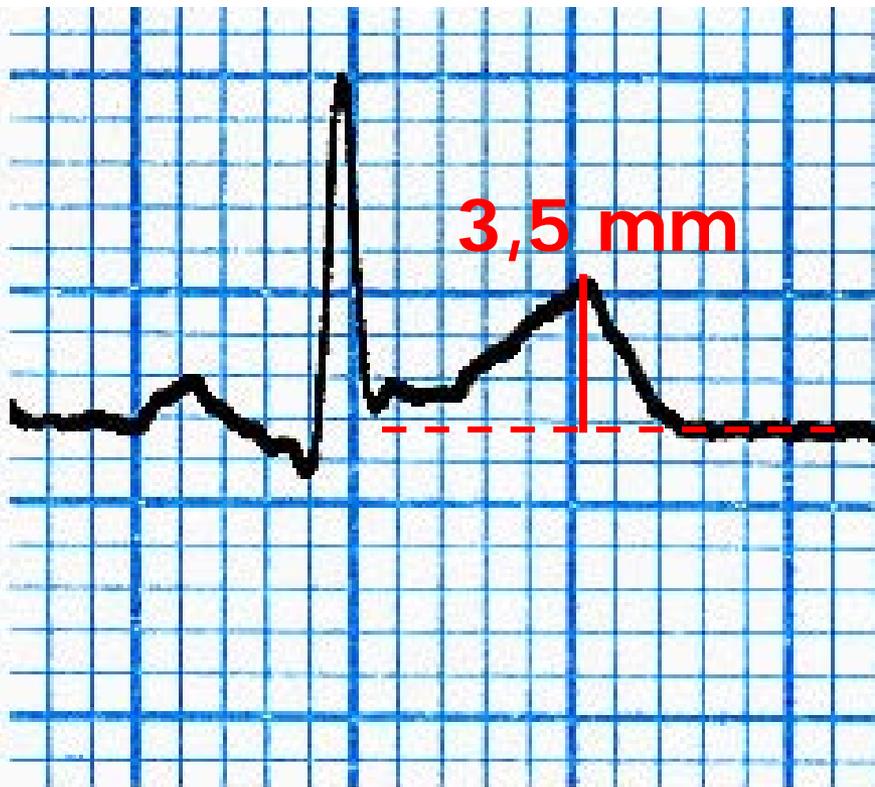
Piano Frontale



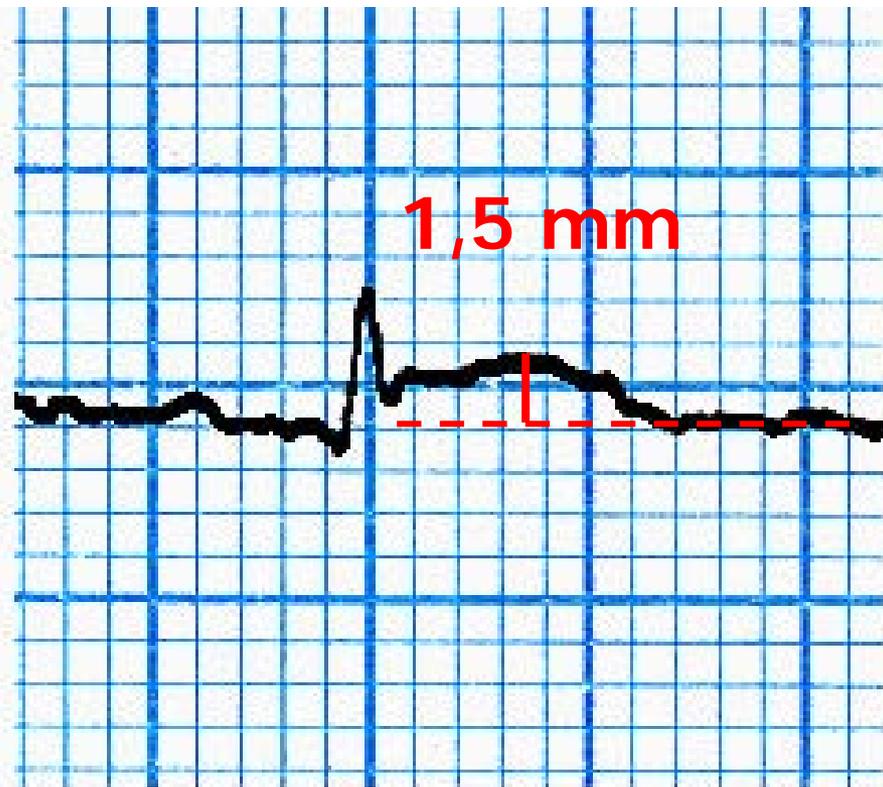
Circonflessa

INFARTO MIOCARDICO INFERIORE

	Coronaria destra	Circonflessa
Vettore ST	In basso e a destra	In basso e a sinistra
Sopraslivellamento di ST Massimo	III derivazione	II derivazione
Sottoslivellamento di ST in aVL	Presente	Assente
Infarto ventricolare destro	A volte presente	Assente

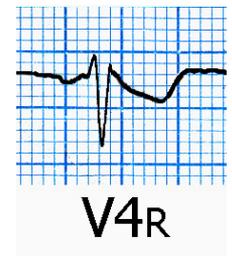
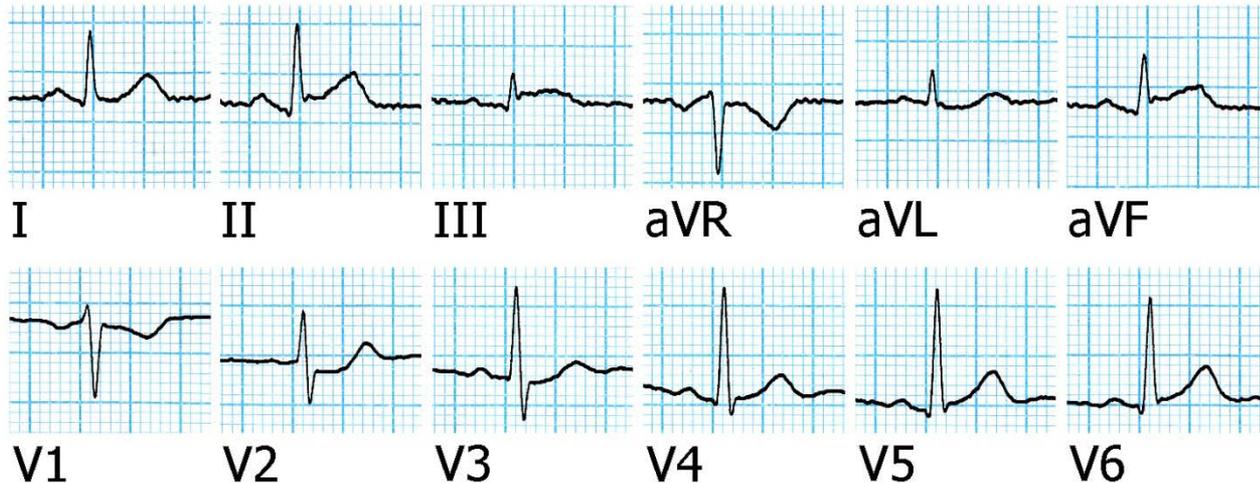


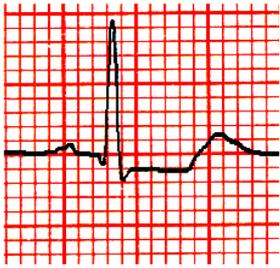
II



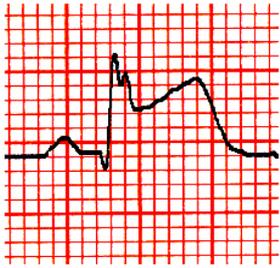
III

	Coronaria destra	Circonflessa
Vettore ST	In basso e a destra	In basso e a sinistra
Sopraslivellamento di ST Massimo	III derivazione	II derivazione
Sottoslivellamento di ST in I e aVL	Presente	Assente
Infarto ventricolare destro	A volte presente	Assente

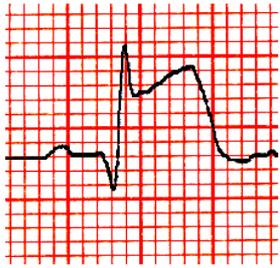




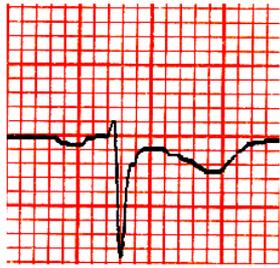
I



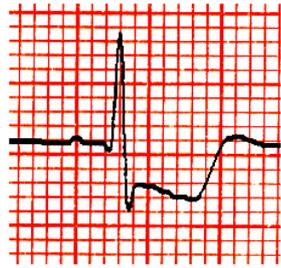
II



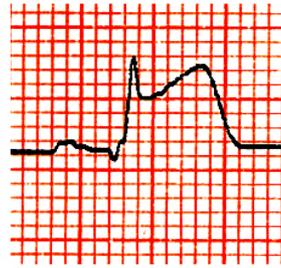
III



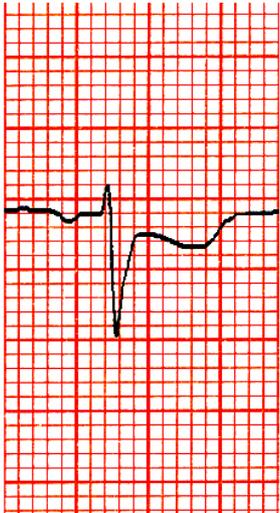
aVR



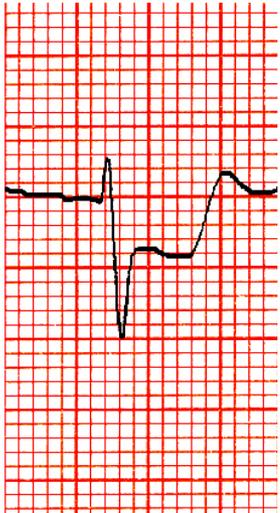
aVL



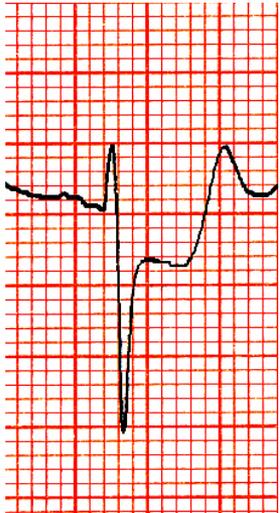
aVF



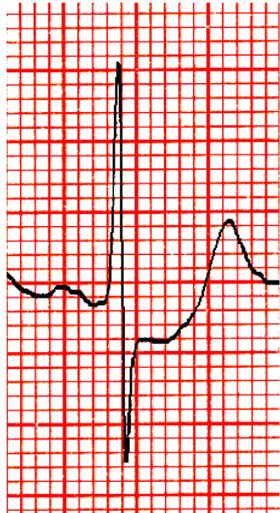
V1



V2



V3



V4



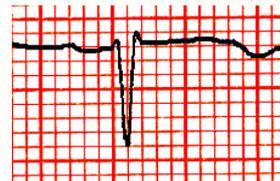
V5



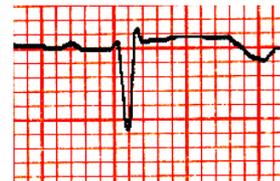
V6



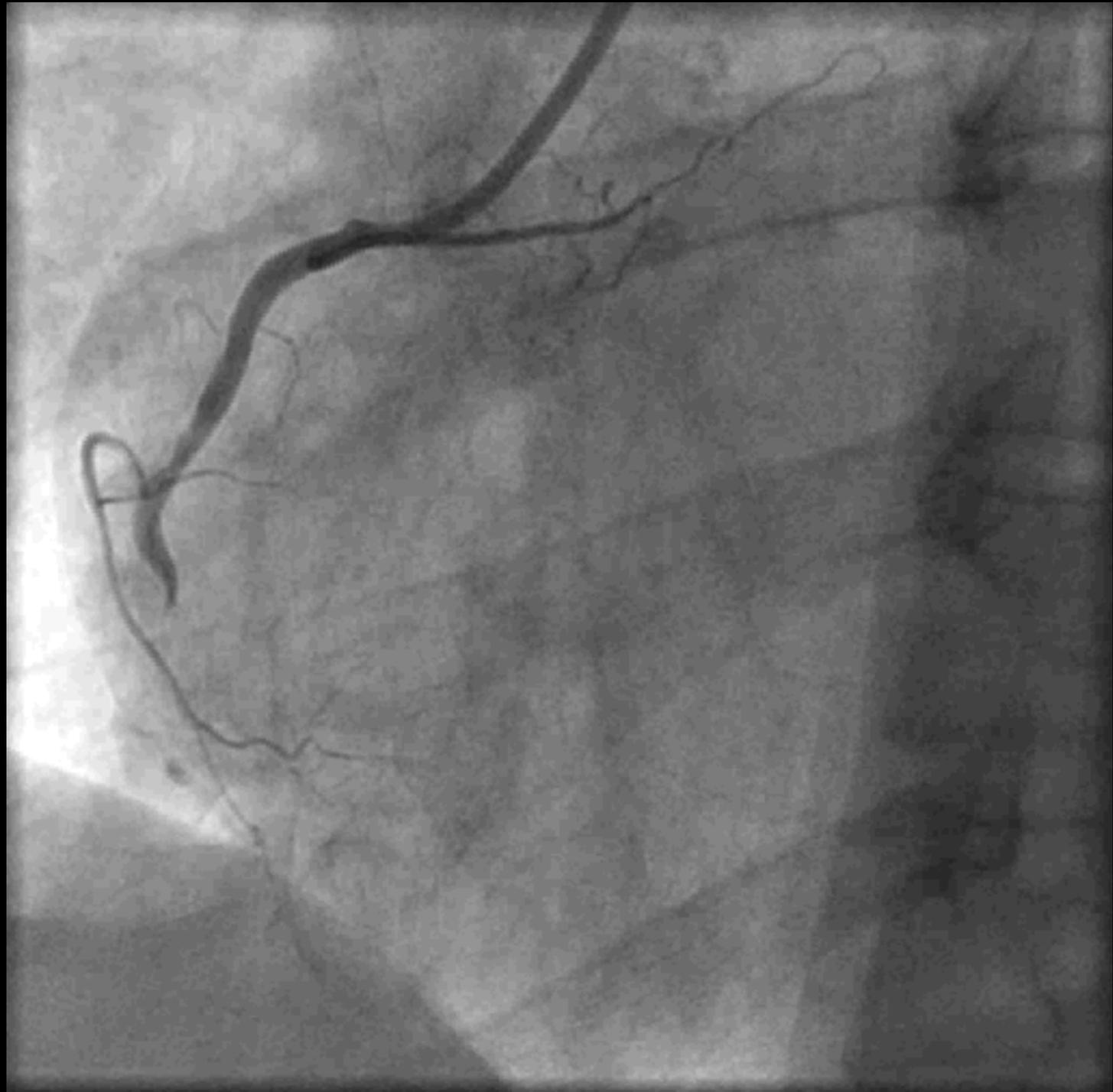
V4r



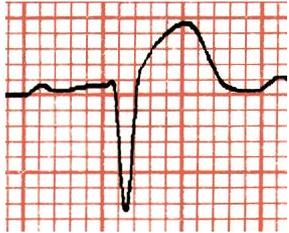
V5r



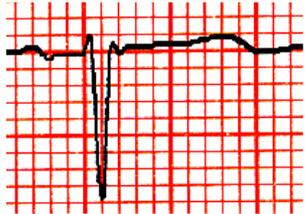
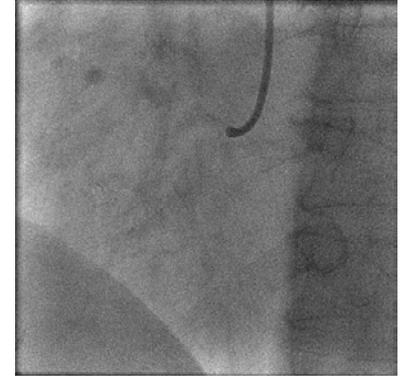
V6r



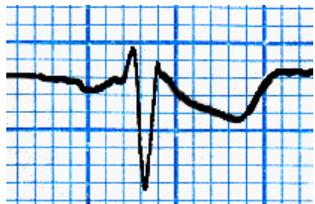
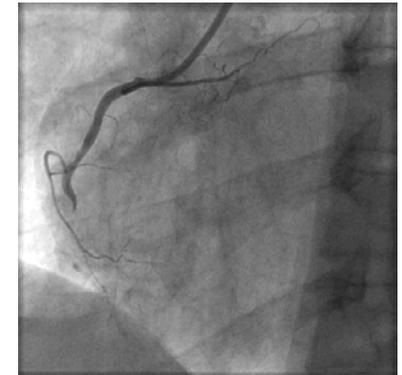
V4R LOCALIZZA LA CORONARIA RESPONSABILE DELL'IMA INFERIORE E IL LIVELLO DI OCCLUSIONE DELLA CORON.DX



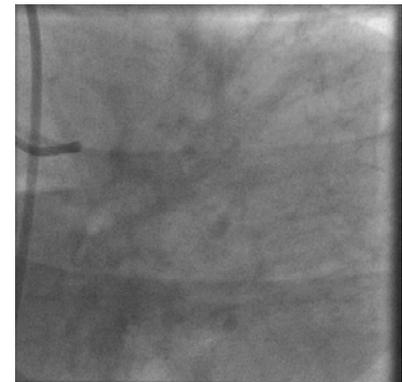
T positiva, ST sopraslivellato:
Coronaria destra prossimale,
prima del marginale acuto

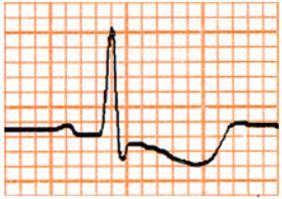


T positiva, ST isoelettrico:
Coronaria destra distale,
dopo il marginale acuto



T negativa: Circonflessa





I



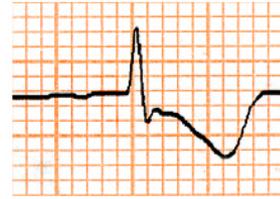
II



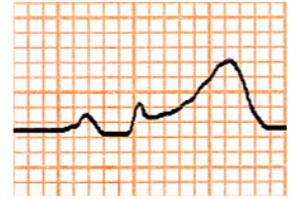
III



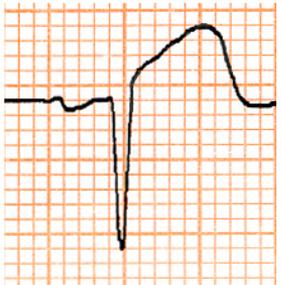
aVR



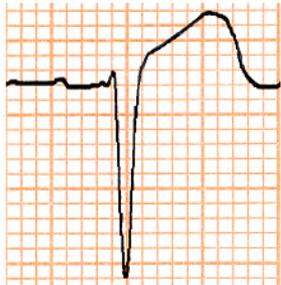
aVL



aVF



V1



V2



V3



V4



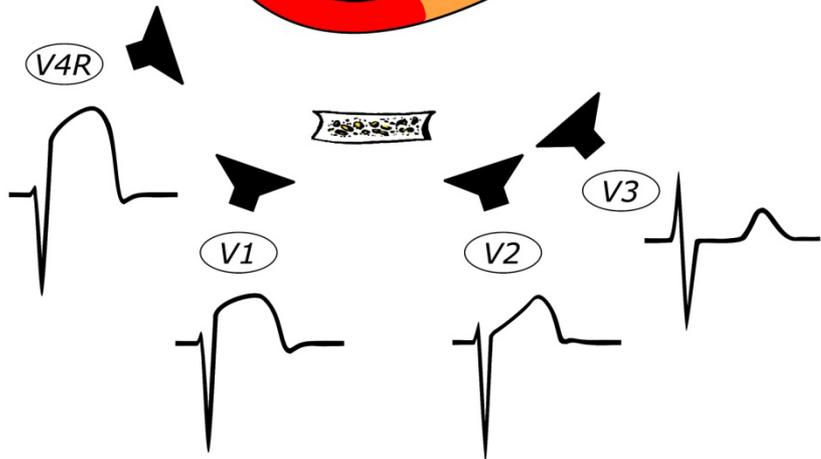
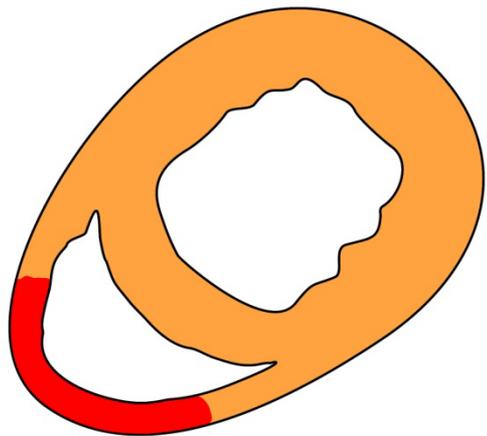
V5



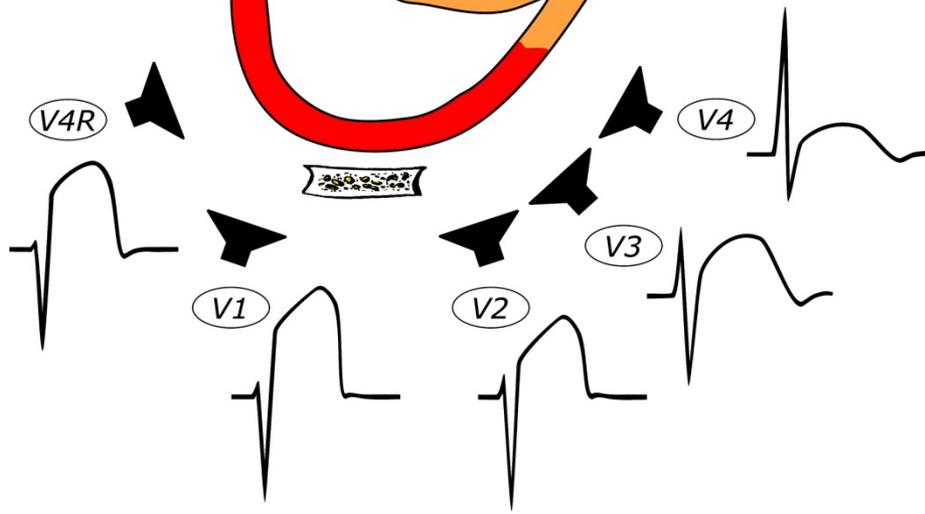
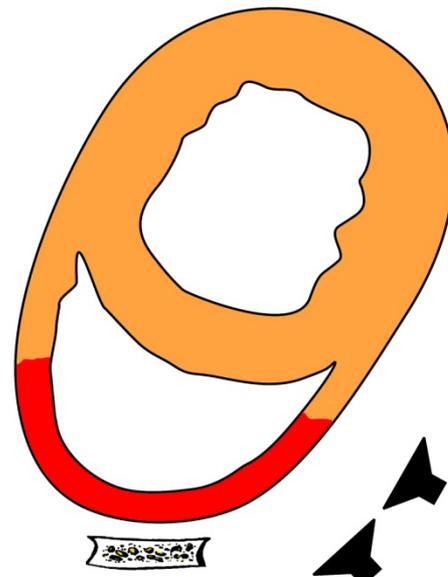
V6



a



b

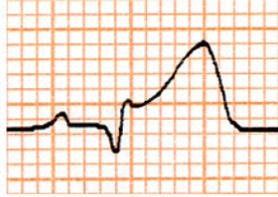




I



II



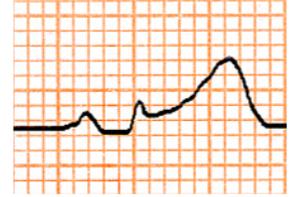
III



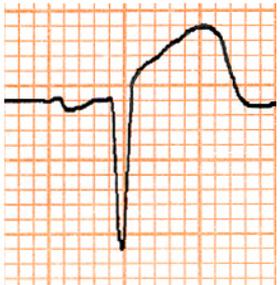
aVR



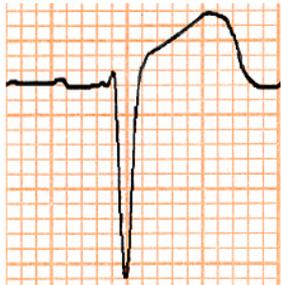
aVL



aVF



V1



V2



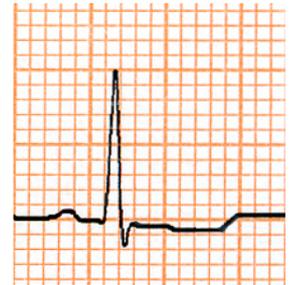
V3



V4



V5



V6



V3R



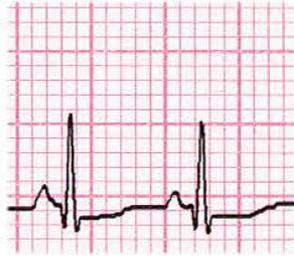
V4R



I



II



III



aVR



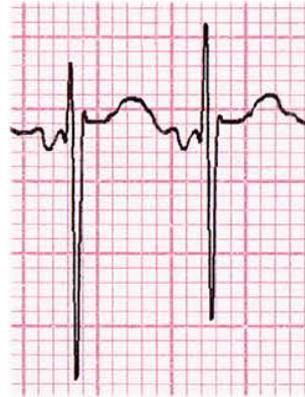
aVL



aVF



V1



V2



V4



V6



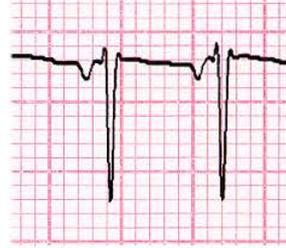
I



II



III



aVR



aVL



aVF



V1



V2



V4

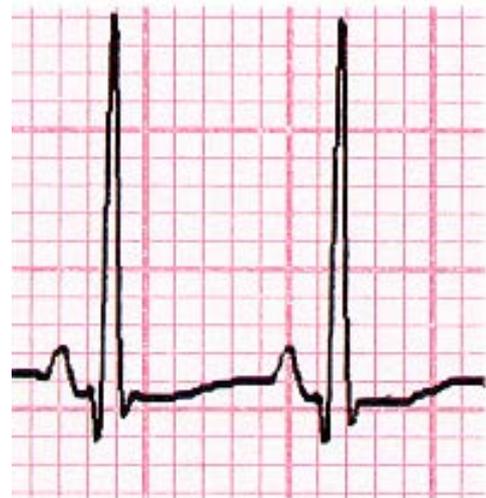


V6

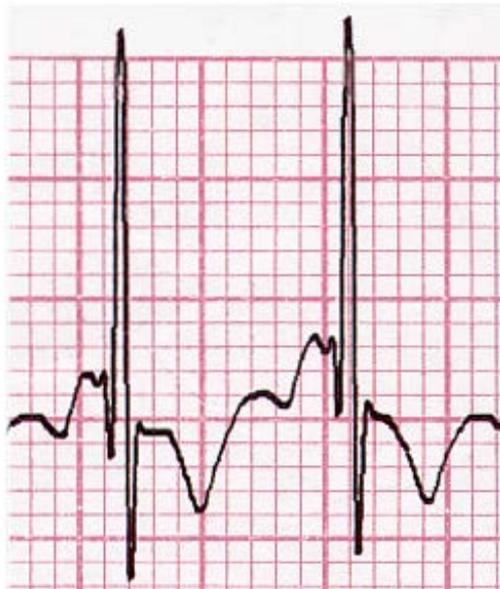
A

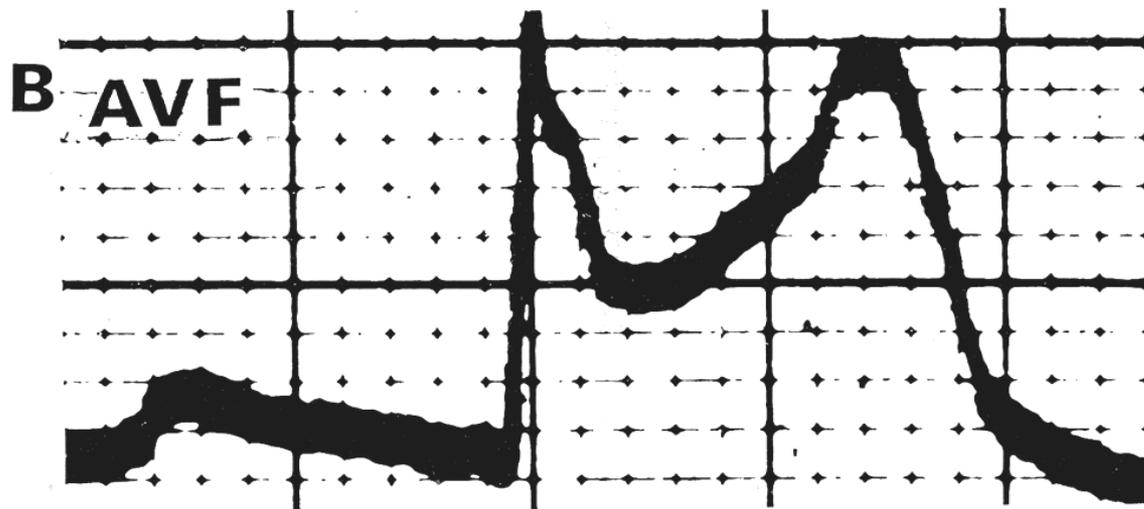
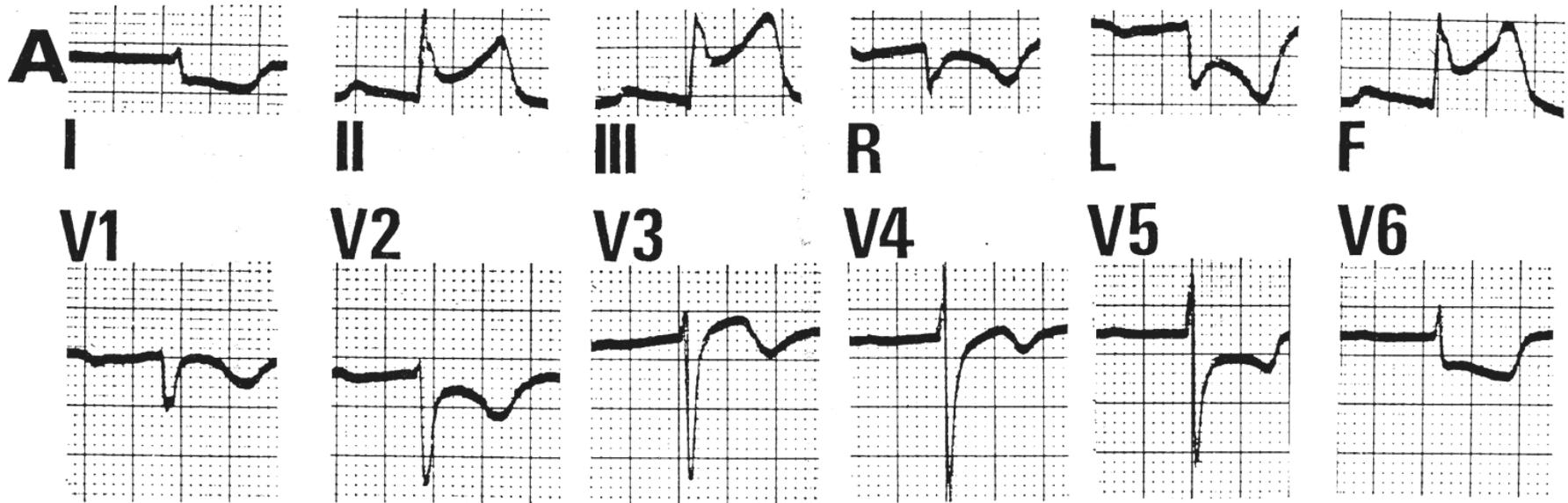
B

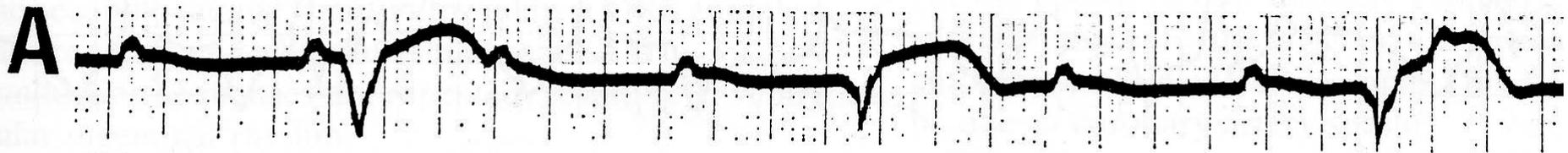
II



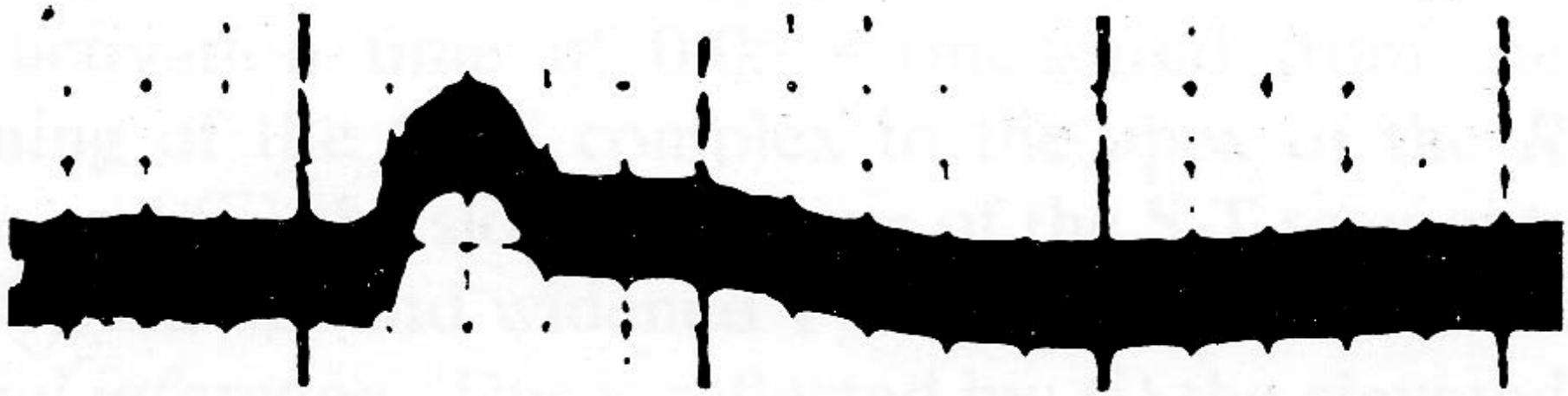
V4





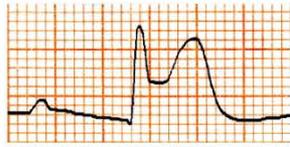


II

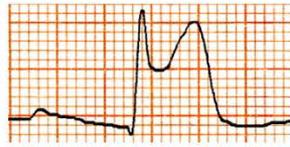




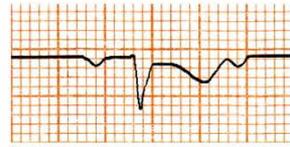
I



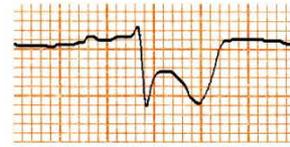
II



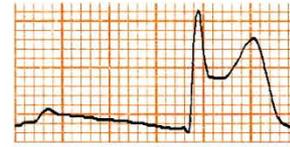
III



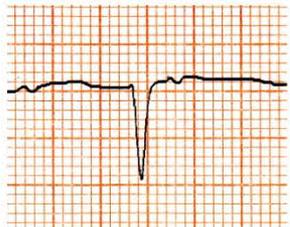
aVR



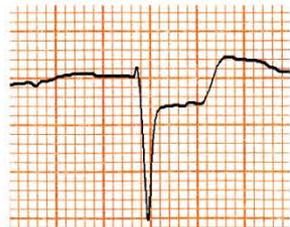
aVL



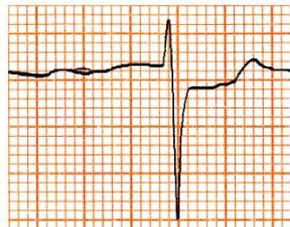
aVF



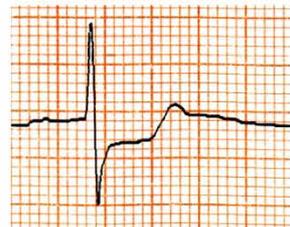
V1



V2



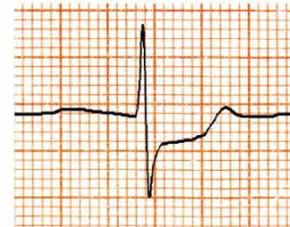
V3



V4



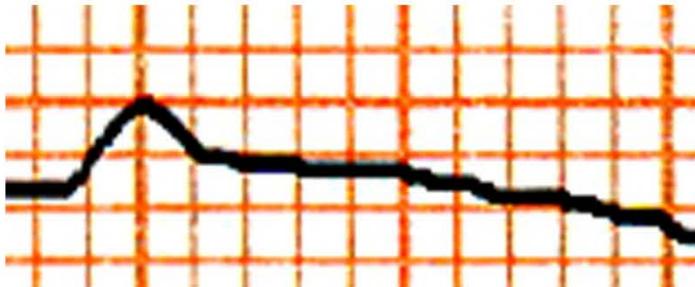
V5

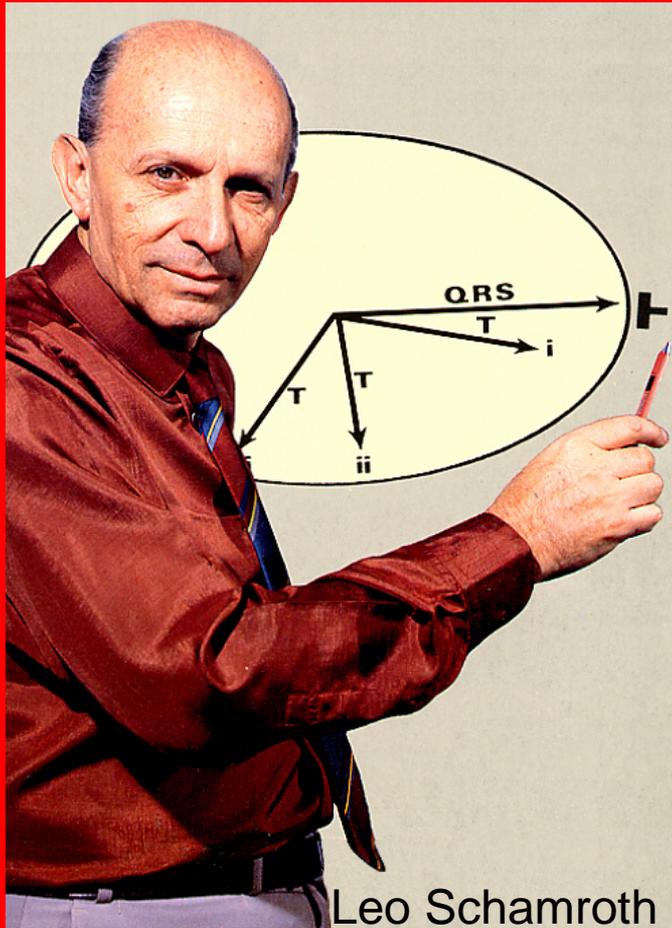


V6



II





CULPRIT LESION AND ECG IN THE CONTEXT OF ACUTE MYOCARDIAL INFARCTION



Giuseppe Oreto

GRAZIE!